

NURSING STUDENTS' EXPERIENCES AND RESPONSES TO FACULTY
INCIVILITY: A GROUNDED THEORY APPROACH

Heidi Kathleen Holtz

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Susan M. Rawl, PhD, RN, FAAN, Chair

Doctoral Committee

Claire Burke Draucker, PhD, RN, FAAN

Angela M. McNelis, PhD, RN, FAAN, ANEF, CNE

August 26, 2016

Pamela M. Ironside, PhD, RN, FAAN, ANEF

DEDICATION

To my wonderful parents. Mom and Dad, your love and encouragement made this dissertation possible. I am so fortunate to have you. Your confidence in me kept me going. I love you more than you will ever know. To my Aunt Sheryl, thank you for all the late night phone calls, prayers, support, and encouragement. To my adopted family, Amy and Curtis, Margo and Pat, Kathy D, Marcia, and the Judge, your confidence in me and encouragement has been an amazing support.

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Heidi Kathleen Holtz

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In nursing education, faculty incivility toward students is a serious issue that affects the quality of nursing programs and is a precursor to incivility in the nursing workforce. Recent studies demonstrate that more nursing faculty members than previously thought engage in uncivil behaviors toward students. Faculty incivility can be distressing to nursing students and negatively impact learning environments, student learning, and perhaps patient outcomes. Little is known, however, about how students perceive experiences of faculty incivility and how these experiences unfold. The purpose of this grounded theory study was to develop a theoretical framework that describes how incidents of faculty incivility toward traditional Bachelor of Science in Nursing (BSN) students unfold. Thirty traditional BSN students from the National Student Nurses Association who had experienced faculty incivility participated in a semi-structured interview. Analysis of the participants' narratives was done in two phases. In Study Part 1, content analytic procedures were used to develop a typology that describes six types of faculty incivility that were labeled as follows: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations. In Study Part 2, constant comparison analysis was conducted. Segments of data were coded, similar codes were grouped into categories, the dimensions of the categories were determined, and the categories were organized into the final framework. The framework depicts a three-stage process with a focus on strategies students use to manage faculty incivility. The strategies

were labelled as followed: seeking help from other professors, commiserating with peers, going up “the chain of command,” keeping one’s “head down,” getting professional help, and giving oneself a “pep-talk.” The findings provide a foundation for the development of programs to reduce faculty incivility in BSN programs and to help students manage it when it occurs.

Susan M. Rawl, PhD, RN, FAAN, Chair

TABLE OF CONTENTS

Chapter 1	1
Background.....	1
Significance	2
Faculty Incivility in Higher Education.....	3
Incivility in Clinical Nursing Practice	4
Faculty Incivility in Nursing Education.....	6
Theoretical Perspectives	7
Gaps in the Literature.....	9
Purpose/Aims.....	10
Methods	11
Grounded Theory	11
Symbolic Interactionism	15
Basic Tenants of Grounded Theory	16
Design	17
Setting and Sample	18
Recruitment.....	20
Data Collection Strategy.....	20
Data Management	23
Data Analysis	23
Initial Coding	24
Focused Coding	24

Axial Coding.....	25
Theoretical Coding.....	25
Credibility/Trustworthiness	26
Credibility	26
Originality	27
Resonance	27
Usefulness	27
Summary.....	28
Overview of Chapters 2, 3, 4, & 5	29
Chapter 2.....	31
Methods	32
Results.....	52
Purposes/Aims & Designs	52
Faculty Incivility in Nursing Education.....	52
Faculty Incivility in Higher Education	53
Incivility in Nursing Clinical Practice	53
Theoretical Basis.....	54
Samples/Settings	55
Faculty Incivility in Nursing Education.....	55
Faculty Incivility in Higher Education	56
Incivility in Nursing Clinical Practice	57

Measures	58
Faculty Incivility in Nursing Education.....	58
Faculty Incivility in Higher Education	58
Incivility in Nursing Clinical Practice	59
Findings.....	62
Faculty Incivility in Nursing Education.....	62
Faculty Incivility in Higher Education	63
Incivility in Nursing Clinical Practice	64
Discussion.....	65
Strengths/Limitations.....	68
Future Directions	68
Conclusion	71
Chapter 3.....	72
Methods	74
Sample and Setting	74
Recruitment.....	75
Data Collection Strategy.....	76
Data Analysis	76
Results.....	77
Sample.....	77
Description of Interviews.....	77

Types of Faculty Incivility	79
Judging or Labeling Students.....	79
Impeding Student Progress	80
Picking on Students.....	81
Putting Students on the Spot.....	82
Withholding Instruction from Students	83
Forcing Students into No-win Situations.....	84
Discussion.....	85
Limitations	86
Future Directions	87
Implications for Nursing Education.....	88
Conclusion	88
Chapter 4.....	89
Methods	90
Design	90
Sample and Setting	91
Recruitment.....	92
Data Collection	93
Data Analysis.....	93
Results.....	95
Sample.....	95
Description of the Interviews.....	95
Study Part 1: Types of Faculty Incivility.....	96

Study Part 2: Theoretical Framework of the Process of Faculty Incivility.....	97
Student and Faculty Characteristics	100
Student Characteristics and Faculty Incivility	100
Holding Consumer Ideals	100
Having Unrealistic Expectations	101
Having Performance Problems	102
Faculty Characteristics Leading to Faculty Incivility.....	103
Being Inexperienced	103
Being Overburdened.....	104
Having Off-putting Demeanor.....	104
Stage 1: Experiencing Incidents of Faculty Incivility.....	105
Stage 2: Using Strategies to Deal with Incidents of Faculty Incivility.....	106
Keeping One’s Head Down	106
Giving Oneself a Pep Talk.....	107
Seeking Help from Other Professors	108
Commiserating with Peers	108
Confiding in Friends and Family	109
Going Up the Chain of Command	110
Getting Professional Help.....	111
Stage 3: Suffering Lingering Consequences of Faculty Incivility	111
Loss of Confidence	112
Missed Opportunities	113

Discussion.....	114
Limitations	117
Future Research	118
Nursing Education Implications.....	119
Conclusion	119
Chapter 5.....	121
Discussion.....	121
Summary of Key Findings	123
Aim 1	123
Aim 2	124
Aim 3	125
Aim 4	126
Strengths of the Study.....	127
Limitations	127
Recommendations for Future Research.....	128
Practice Implications.....	129
Conclusions.....	130
Appendix A Institutional Review Board Approval	131
Appendix B National Student Nurses Association Communication	133
Appendix C Study Information Shet.....	136
Appendix D Recruitment Script.....	137

Appendix E Interview Guide 138
References 141
Curriculum Vitae

LIST OF TABLES

Table 1	Faculty Incivility in Nursing Education Settings (n = 8).....	34
Table 2	Faculty Incivility Other (Non-Nursing) Higher Education Settings (n = 2)...	42
Table 3	Incivility in Nursing Clinical Practice Settings (n = 6)	45
Table 4	Typology	79
Table 5	Study Part 1: A Typology of Faculty Incivility Based on Student Perspectives	96

LIST OF FIGURES

Figure 1	PRISMA diagram.....	33
Figure 2	Theoretical framework: "The Process by Which Faculty Incivility Unfolds for Students in BSN Programs."	99

LIST OF ABBREVIATIONS

BSN	Bachelor of Science in Nursing
NSNA	National Student Nurses Association

CHAPTER 1

This chapter provides an introduction to the topic of faculty incivility in higher education, clinical nursing practice, and nursing education including the background and significance of the problem of faculty incivility. Because understanding nursing students' experiences and responses and the long-term consequences of faculty incivility was the focus of this dissertation research, this chapter discusses major gaps in the research of this phenomenon as well as major theoretical perspectives. The chapter includes the purpose, the specific aims, and the substantive and methodological theoretical perspectives of the study. The chapter next presents the study design, sample and setting, recruitment, data collection strategies, data management, and data analysis procedures. The chapter then discusses the credibility/trustworthiness of the study, followed by the limitations of this study. The chapter concludes with a description of three manuscripts that comprise the dissertation and provides a description of the fifth chapter.

Background

Incivility in higher education is a focus of increasing concern because it impedes effective teaching and learning (Bjorklund & Rehling, 2010; Wagner, 2014). In nursing education, faculty incivility toward students affects the quality of nursing programs and is a precursor to incivility within the nursing workplace (Condon, 2015; Lasiter, Marchiondo, & Marchiondo, 2012; Luparell, 2011; Marchiondo, Marchiondo, & Lasiter, 2010; Wagner, 2014). Recent studies have demonstrated that more nursing faculty members than previously thought are perpetrators of uncivil behaviors toward students (Clarke, Kane, Rajacich, & Lafreniere, 2012; Del Prato, 2013; Marchiondo et al., 2010). There is insufficient evidence regarding how students perceive experiences of incivility from faculty and how these experiences unfold. It is critical that we understand this

phenomenon because faculty incivility can be distressing to nursing students and negatively impact the learning environments, student learning outcomes, and even patient outcomes (Clark, 2008a; Clarke et al., 2012; Del Prato, 2013). The purpose of this study was to develop a theoretical framework that describes how incidents of faculty incivility toward traditional Bachelor in Science Nursing (BSN) students unfold.

Significance

Because today's nursing students are tomorrow's colleagues, nursing incivility must be addressed in both academic and healthcare environments (Luparell, 2011). Incivility in nursing has existed for decades but is of increasing concern as attention to nurse retention and recruitment has become critical to address the nursing shortage (Clarke & Cheung, 2008). Nursing students who have experienced uncivil behaviors from faculty and nurses are more likely than students who have not experienced incivility to view this behavior as the norm and consequently display those behaviors toward others (Clark, 2008c). Students' professional socialization begins during their nursing education (Del Prato, 2013). Furthermore, Babenko-Mould and Laschinger (2014) reported that nursing students' exposure to various forms of incivility in the clinical setting leads to burnout.

In order to provide a comprehensive description of faculty incivility in academic nursing settings, the first section of this literature review addresses what is known about incivility in *non-nursing programs in higher education*. Because incivility occurs in both academic and healthcare settings, the second section focuses on incivility in *nursing practice*. The final section focuses on faculty incivility in *nursing programs* specifically.

Faculty Incivility in Higher Education

Faculty incivility has become a disturbing hindrance to student learning in higher education (Alt & Itzkovich, 2015; Wagner, 2014). While the majority of studies on incivility in academia have focused on uncivil encounters perpetrated by students (Alberts, Hazen, & Theobald, 2010; Bjorklund & Rehling, 2010; Nordstrom, Bartels, & Bucy, 2009; Swinney, Elder, & Seaton, 2010), research indicates that students also experience uncivil behaviors from faculty members (Alt & Itzkovich, 2015; Wagner, 2014).

Faculty behaviors in higher education that are perceived by students to be uncivil include ignoring students' questions, being unavailable to students, expressing anger in response to students who convey difficulty understanding concepts, and making offensive comments directed toward students (Alt & Itzkovich, 2015; Wagner, 2014). Faculty incivility in higher education interferes with learning, disrupts the learning environment, results in loss of respect for uncivil faculty, and decreases students' affiliation with and respect toward their institution (Alt & Itzkovich, 2015; Clark & Springer, 2007b; Knepp, 2012; Wagner, 2014).

To date, the majority of studies regarding students' perceptions of faculty incivility have been conducted in nursing programs (Altmiller, 2012; Anthony & Yastik, 2011; Clark, 2008b; Clark & Springer, 2007b; Del Prato, 2013; Lasiter et al., 2012; Wagner, 2014). Research indicates that uncivil faculty behaviors occur as frequently in nursing as in other academic disciplines (Wagner, 2014). However, the dearth of research on faculty incivility in higher education leaves experts struggling to understand students'

perceptions, students' experiences, and how incidents of faculty incivility unfold (Knepp, 2012).

Incivility in Clinical Nursing Practice

Incivility within clinical nursing practice is prevalent (Hamblin et al., 2015; McKenna, Smith, Poole, & Coverdale, 2003; Wagner, 2014). In 2008, the Joint Commission issued a "Sentinel Event Alert" to inform healthcare agencies that incivility among healthcare workers contributes to poor patient satisfaction, unfavorable patient outcomes, medication errors, increased patient care costs, decreased job satisfaction, and lower nurse retention rates. This alert was initiated to emphasize the need to address incivility in clinical nursing practice (Joint Commission, 2008).

An emerging body of research confirms that 20% to 33% of new graduate nurses experience incivility within their first few years of nursing practice (Laschinger, Grau, Finegan, & Wilk, 2010; Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013; McKenna et al., 2003; Vogelpohl, Rice, Edwards, & Bork, 2013). In one study of 415 new graduate nurses, 33% had experienced incivility by co-workers on their units at least two times weekly during their clinical shifts (Laschinger et al., 2010). In addition, a study of workplace incivility among 272 new graduate nurses reported that co-workers (nurses) were the most frequent perpetrators of uncivil behaviors followed by physicians (Laschinger et al., 2013). Vogelpohl and colleagues (2013) reported that 20.5% of 135 new graduate nurses reported experiencing incivility and 46.7% reported they had witnessed other new graduate nurses experience incivility. In Vogelpohl and colleagues' study, 63.9% of nurses who experienced incivility in clinical nursing practice settings stated that peers or fellow nurses were the perpetrators (Vogelpohl et al., 2013).

The problem of incivility in clinical nursing practice has existed for decades but is now receiving more attention from researchers because of its documented consequences and negative impact on nurses' health, quality of patient care, nurse retention, and the nursing shortage (Vogelpohl et al., 2013; Walrafen, Brewer, & Mulvenon, 2012). Nurses report experiencing uncivil behaviors that include being humiliated, ridiculed, and criticized in view of co-workers and patients (Vogelpohl et al., 2013). The nurses describe being treated unfairly with regard to workload and resources for safe practice (Hamblin et al., 2015; Vogelpohl et al., 2013).

Incivility experienced by new graduate nurses leads to psychological and physical stress (Laschinger et al., 2013; McKenna et al., 2003), nurse burnout, attrition from the profession (Joint Commission, 2008; Laschinger et al., 2010; McKenna et al., 2003) and disillusionment/dissatisfaction with the job (Hamblin et al., 2015; Laschinger et al., 2010; McKenna et al., 2003; Vogelpohl et al., 2013). One study reported that 10.6% of 376 nurses who missed work in one year were absent as a result of experiencing incivility at work (Laschinger et al., 2010). In addition, incivility was shown to compromise patient safety (Joint Commission, 2008; McKenna et al., 2003; Walrafen et al., 2012).

Incivility is often not addressed because of the lack of evidence-based strategies to reduce or eliminate uncivil behaviors (Clark & Springer, 2010). As healthcare providers, nurses are positioned to identify and intervene on behalf of their colleagues when they witness or experience incivility in clinical practice; however, without proper education, training, support from administration, and research to support effective interventions, professional accountability and advocacy suffer and incivility continues (Laschinger et al., 2010; McKenna et al., 2003; Walrafen et al., 2012).

Faculty Incivility in Nursing Education

The prevalence of faculty incivility toward nursing students is alarmingly high (Clarke & Cheung, 2008; Marchiondo et al., 2010). In one study of 152 BSN students, 88% of participants reported experiencing uncivil behavior from nursing faculty (Marchiondo et al., 2010). Clarke and colleagues (2012) reported that 89% of 674 undergraduate nursing students surveyed reported experiencing at least one act of incivility by faculty during clinical rotations. Clark stated that “incivility [in nursing education] is a significant problem and reports of discord on college campuses underscore the need for addressing uncivil behaviors in a forthright manner” (Clark, 2008b, p. 458).

The journey to becoming a nurse is a challenging endeavour that is made unnecessarily difficult with the added stress of learning in an uncivil environment (Clark, 2008c; Del Prato, 2013). Pursuing a degree in nursing requires diligence, motivation, and compassion (Clark, 2008c). Often students who experience uncivil behaviors from faculty feel powerless or helpless and are afraid to report incivility because of the potentially devastating impact it may have on their educational outcomes (Clark, 2008c; Mott, 2013). Students describe feeling stupid, not important, and unable to succeed in their nursing programs (Clark, 2008c; Mott, 2013). They are often traumatized by uncivil encounters with faculty and experience stress, depression, anxiety, and fear, as well as physical symptoms of sleep deprivation, crying, headaches, and gastrointestinal problems (Clark, 2008c). The distress students undergo leads to frustration and isolation, which decreases their ability to think critically—a necessary skill in both classroom and clinical settings (Rowland & Srisukho, 2009). Faculty incivility toward nursing students

interferes with learning and safe clinical practice, decreases program satisfaction and retention, and may lead to disillusionment about the caring values of the profession (Altmiller, 2012; Clark, 2008c; Clarke et al., 2012; Del Prato, 2013; Lasiter et al., 2012).

Theoretical Perspectives

Research on faculty incivility in higher education and clinical nursing practice exists and has demonstrated its prevalence; however, a theoretical explanation for its existence has not been developed. Because this phenomenon remains unexplained, there are no evidence-based interventions that have been shown to reduce or prevent these behaviors, and incivility continues to disrupt higher education and clinical nursing practice. The following section describes the theories or conceptual models that have been used, or have potential for use, to strengthen research on faculty incivility.

Roberts (1983) was the first nurse–scholar to propose, using Freire’s model of oppressed group behavior (Freire, 1970), a root cause of incivility among nurses. Roberts proposed that submissive and dependent behaviors of nurses evolved through history in response to domination by authoritative groups such as hospital administrators and physicians (Matheson & Bobay, 2007; Roberts, 1983; Roberts, Demarco, & Griffin, 2009). Unfortunately no studies have applied or tested Freire’s model of oppressed group behavior as a root cause of incivility in nursing (Matheson & Bobay, 2007).

Heider’s attribution theory was developed to explain why events or behaviors occur so that subsequent events or behaviors could be predicted and controlled (Heider, 1958). Wagner (2014) applied this theory in a study to examine similarities and differences of perceptions of incivility among three disciplines in higher education, including nursing. Wagner found that attribution theory appropriately framed the study

that focused on individuals' perceptions of incivility as they observe the behaviors and actions of self and others. While Wagner's unique application of theory generated new knowledge that students attach attributions to why faculty incivility occurs, this theory has not been applied or tested in any other studies of faculty incivility or incivility in clinical nursing practice.

Bray and Del Favero (2004) suggested that several sociological and control theories have potential to explain and/or alleviate faculty incivility. Sociological theories such as social control, deterrence, and rational choice models explain why people deviate from accepted norms of behavior, especially in instances where deviant behavior could be prevented (Bray & Del Favero, 2004). Social control theories focus on the social mechanisms in place that keep people from engaging in deviant behavior (Bray & Del Favero, 2004). Deterrence theory hypothesizes that inappropriate behaviors are stopped by the perceived probability of punishment for engaging in uncivil behavior. Similar to deterrence theory, rational choice theory proposes that people do not engage in uncivil behavior because of the perceived possibility of punishment but also consider the rewards of refraining from those behaviors.

Anomic and social disorganization theory posit social disorganization and the failure to cope with transition as a cause of uncivil behaviors in the classroom. Social exchange theory focuses on social relationships and associations between behaviors and rewards. Social exchange theory proposes that incivility is less likely to occur in environments where faculty members (a) award good grades in exchange for good student performance and (b) expect positive evaluations in exchange for good teaching (Bray & Del Favero, 2004). Although none of these theories have been applied, tested, or

used to guide research, they have potential to expand our understanding of incivility in education (Bray & Del Favero, 2004).

More studies that are guided by theory or conceptual frameworks are needed. Freire's theory of oppressed group behavior and Heider's attribution theory have potential to guide research to explain why uncivil faculty behaviors occur in nursing education (Matheson & Bobay, 2007; Roberts et al., 2009; Wagner, 2014). The use of sociological theories has been suggested for nursing educators and administrators to better understand why people engage in uncivil behaviors (Bray & Del Favero, 2004). However, research has failed to account for, or explain, the social processes that unfold over time when students experience episodes of faculty incivility.

Gaps in the Literature

Most research on incivility in nursing education consists of qualitative studies of students' perceptions and lived experiences (Anthony & Yastik, 2011; Clark, 2008c; Clarke et al., 2012; Del Prato, 2013; Jackson et al., 2011; Lasiter et al., 2012; Mott, 2014). These studies expand our understanding of students' perceptions of what uncivil behaviors by faculty members are and imply that incivility affects learning, retention, and patient safety in the clinical environment. However, there are no studies that provide clear and compelling evidence about how student learning is affected or the impact of faculty incivility on students' grades, student attrition from nursing programs or the profession, students' confidence in themselves, or their performance in the clinical setting.

Studies have explored students' perceptions about possible remedies to address incivility; however, no studies demonstrated these remedies to be useful (Clark, 2008c;

Mott, 2014). Literature suggests that institutions should implement educational programs and policies as a solution to incivility, yet no research provides evidence for the effectiveness of such interventions (Clark, 2008c; Clarke et al., 2012; Hamblin et al., 2015; Laschinger et al., 2013; McKenna et al., 2003; Vogelpohl et al., 2013). Faculty, administrators, nurses, and students largely are unaware of what constitutes incivility, and there is no common definition of incivility. Without an understanding of what incivility is, there is no way to identify predictors and to make informed decisions about strategies to reduce or prevent incivility. Research aimed at developing and testing interventions to prevent, manage, or eliminate incivility in nursing education is urgently needed (Clark, 2008c).

Purpose/Aims

The overall goal of this dissertation study was to better understand students' experiences and responses to faculty incivility by generating a comprehensive framework that generates foundational knowledge of the social processes that occur when students experience incidents of uncivil faculty behaviors. The study explored students' responses, reactions, feelings, and interactions and how that process changes over time. In order to accomplish this goal, the investigator completed two components for the study. The first component was an integrative review of the literature on students' and nurses' experiences as targets of incivility. The second component was a grounded theory study that resulted in two qualitatively derived manuscripts: Study Part 1, a typology of faculty incivility, and Study Part 2, a theoretical framework. The theoretical framework proposes to describe how incidents of faculty incivility toward traditional BSN students unfold. The specific aims of the research study were to:

Aim 1: Describe traditional BSN students' perceptions of faculty incivility.

Aim 2: Describe types of incidents of faculty incivility as reported by traditional BSN students.

Aim 3: Identify common ways in which interactions between traditional BSN students and faculty members unfold from the time when incidents of incivility begin until they end.

Aim 4: Describe traditional BSN students' perceived consequences of faculty incivility.

Methods

The following section discusses the basic tenants of grounded theory in detail. It is followed by descriptions of the study's sample, recruitment, data collection, and data analysis.

Grounded Theory

Grounded theory was developed in the 1960s by Barney Glaser and Anselm Strauss as a qualitative method to generate theory that is meaningful and relevant and that explains the phenomenon being studied (Glaser & Strauss, 1967). Glaser studied quantitative research and middle range theory at Columbia University under the guidance of methodologist Paul F. Lazarsfeld and theorist and sociologist of science Robert K. Merton (Bryant & Charmaz, 2007). Through Glaser's rigorous quantitative training he developed the desire to systemize qualitative methods with an emphasis on emergent discoveries of phenomena that were grounded in data (Bryant & Charmaz, 2007; Charmaz, 2014). In contrast, Strauss studied qualitative research and sociology under the guidance of George Herbert Mead at the Chicago School with a focus on symbolic

interactionism (Charmaz, 2014). Glaser and Strauss, with their diverse perspectives and backgrounds, collaborated at the University of California San Francisco to develop a method of systematic qualitative research that has become known as grounded theory (Bryant & Charmaz, 2007). Glaser defined grounded theory as “a general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area” (Glaser, 1992, p. 16).

Grounded theory is a method of inquiry that is systematic yet provides flexible guidelines for collecting and analyzing data to allow researchers to construct theories from the data themselves (Charmaz, 2014). Grounded theory is an inductive process that begins with the collection of rich, detailed data and ends with the development of a theoretical framework (Charmaz, 2014). The intent of grounded theory is to develop a theory to explain a psychosocial process based on the data that is collected (Charmaz, 2014; Glaser & Strauss, 1967). The theory that is generated from this process is a set of interrelated ideas and concepts that can guide further research and is often used to provide a foundation for the development of interventions (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967).

The hallmarks of grounded theory include: (a) conducting data collection and analysis simultaneously in an iterative process, (b) analyzing actions and processes rather than themes and structure, (c) using comparative methods, (d) drawing on data (narratives and descriptions) in service of developing new conceptual categories, (e) developing inductive abstract analytic categories through systematic data analysis, and (f) emphasizing theory construction rather than description or application of current theories (Charmaz, 2014; Glaser, 1992; Glaser & Strauss, 1967).

Several different approaches to grounded theory have evolved over the past 50 years. The different approaches grew from researchers' diverse ontological and epistemological perspectives (Bryant & Charmaz, 2007; Charmaz, 2014). Beginning in the early 1990s, a number of scholars moved grounded theory methods away from the original positivist view toward a more relativist view (Charmaz, 2014; Guba & Lincoln, 1994).

The original positivist view, classic grounded theory, is based on an epistemological assumption that knowledge is objective and measurable and that reality can be discovered, explored, and understood. Researchers who espouse classic grounded theory view reality as unitary, knowable, and waiting to be discovered (Bryant & Charmaz, 2007). The goal of the positivist approach to grounded theory is to describe, explain, or control social phenomena by finding universal laws of cause and effect. Because classic grounded theory is based on the premise that immutable laws can be discovered, the aim is to generalize findings and replicate them in other settings (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967). Theory is generated in this approach through data obtained through observation and interviews and with a constant comparison of data (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967; Guba & Lincoln, 1994). Some researchers using this approach do not review the literature prior to conducting research on a certain phenomenon so as to remain free of bias and suggest that all the findings should be based strictly on interviews and observations (Bryant & Charmaz, 2007; Charmaz, 2014). The researcher using classic grounded theory generally is detached, independent, and attempts to maintain an

objective view of the social phenomena under study (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967).

The emerging relativist view of grounded theory is based on the belief that knowledge is subjective and derived from human thoughts, values, characteristics, and perceptions (Bryant & Charmaz, 2007; Charmaz, 2014). Researchers who espouse relativist grounded theory approaches believe that there is no correct path to knowledge, that reality is socially constructed by individuals and that there is not one absolute truth (Bryant & Charmaz, 2007; Charmaz, 2014). Research findings are not thought to be necessarily generalizable to other settings but rather relate to specific social contexts (Bryant & Charmaz, 2007; Charmaz, 2014). Researchers explore the stories and realities of people who experience a phenomenon of interest and identify the meanings participants grant to the phenomenon through their social interactions with others (Bryant & Charmaz, 2007; Charmaz, 2014).

Charmaz's (2014) approach to grounded theory is based on a constructivist worldview with an ontological view of relativism. In constructivist grounded theory, social reality is viewed as multiple, processual, and constructed. Instead of controlling the researcher's bias, the researcher's position, perspective, and interactions are taken into account in constructing findings. Constructivist grounded theorists believe that knowledge is subjective (Charmaz, 2014; Guba & Lincoln, 1994). Constructivism is based on the belief of a subjective interrelationship between the researcher and the participant and that meaning is co-created by the participant and researcher (Charmaz, 2014). In using this approach researchers review relevant literature available on the phenomenon prior to beginning the study. The researcher's understanding of a

phenomenon coupled with the participants' descriptions of their experiences contributes to findings (Charmaz, 2014).

Symbolic Interactionism

Symbolic interactionism provides the philosophical foundation for grounded theory (Charmaz, 2014). An important assumption of grounded theory is that human experiences are interpreted through social interactions and influenced by the sociocultural environment (Charmaz, 2014). Symbolic interactionism is a sociological perspective derived from American pragmatism and particularly from the work of George Herbert Mead (Blumer, 1969). Pragmatists assume that meanings emerge through practical actions and these actions are how people come to know the world. They also view reality as subjective and open to multiple interpretations. Pragmatist researchers concentrate on events that are problematic and critical and attempt to determine why a certain event occurred, what conditions were operating at the time, and how the conditions manifested themselves and with what consequences (Bryant & Charmaz, 2007; Charmaz, 2014).

Herbert Blumer, a student of Mead, introduced the term *SI* (symbolic interactionism). The major tenant of SI is that people construct selves, society, and reality through their social interactions and that social life consists of processes (Charmaz, 2014). According to Blumer (1969), SI has three basic premises: (a) humans act toward things on the basis of the meanings they attribute to those things, (b) the meanings of such things derive from the social interaction that one has with others and society, and (c) these meanings are managed and modified through an interpretative process used by the person in dealing with the things s/he encounters (Blumer, 1969).

Charmaz stresses that symbolic interactionism assumes “that language and symbols play a critical role in forming and sharing persons’ meanings and actions” (2014, p. 262) and that how people name things affects what they know, how they know it, and the actions they take. People develop collective values and identities through social worlds and situations; however, these practices or meanings often change when their situations become problematic or their habitual responses no longer are effective (Charmaz, 2014). Symbolic interactionism’s focus on collectivities, social interactions, social processes, and the use of language provides a foundation for the grounded theory methods (Bryant & Charmaz, 2007).

Basic Tenants of Grounded Theory

Classic grounded theory and constructivist grounded theory, although based on different philosophical foundations, share some common tenants. Grounded theory is (a) based on devised systematic but flexible guidelines, (b) directed toward people who share common experiences and common meanings and behaviors, and (c) focused on shared psychosocial problems and processes (Charmaz, 2014; Glaser & Strauss, 1967).

Grounded theory methods consist of systematic but flexible guidelines for collecting and analyzing qualitative data to construct theories *grounded* in the data themselves (Charmaz, 2014; Glaser & Strauss, 1967). Grounded theory begins with an inductive process as empirical data is collected and concepts are developed by comparing stories, facts, and ideas included in the data. Once concepts, categories, and hypotheses emerge, grounded theorists re-examine the original data through a deductive process (Charmaz, 2014). The constant comparison of data is an iterative process that provides the foundation of grounded theory analysis (Charmaz, 2014; Glaser & Strauss, 1967).

Groups of individuals who share common circumstances and often common challenges are the focus of grounded theory methods. Grounded theory is used to identify a basic social process that accounts for most of the observed behavior in a group relevant to the phenomenon of interest. In grounded theory, these challenges are referred to as *psychosocial problems*. Such problems often are not articulated by the group but are revealed as the group discusses their concerns. Grounded theory is a method often used in health research to describe the responses of people who share common healthcare concerns or social stressors (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967).

After the psychosocial problem has been identified, grounded theorists suggest that psychosocial problems are managed or resolved in shared ways referred to as *psychosocial processes*. Psychosocial processes are so named because they include both common psychological responses to the problem as well as social interactional processes used to manage or resolve the problem. These processes have temporal sequences with a beginning, middle, and end. They also have identifiable markers that are common ways in which people move throughout these processes (Bryant & Charmaz, 2007; Charmaz, 2014).

Design

The investigator in this study believes that the phenomenon of faculty incivility is a psychosocial problem that is shared by traditional BSN students and that incidents of incivility are best understood as a psychosocial process that unfolds over time. Therefore, grounded theory was the best method to address the research aims. The purpose of this study was to develop a theoretical framework that describes how incidents of faculty

incivility toward traditional BSN students unfold. The study was based on the following assumptions: (a) traditional BSN students who have encountered faculty incivility share a common experience, (b) faculty incivility is a psychosocial problem that unfolds over time, and (c) the psychosocial process is influenced by the social context in which the uncivil behavior occurs.

Charmaz's constructivist approach of grounded theory (2014) provided a logical approach for this dissertation study. Faculty incivility toward students is a phenomenon that occurs in social interactions. The constructivist view assumes that reality is not objective and has multiple meanings, values, and beliefs that change over time. The researcher believed in using grounded theory without endorsing the assumptions of an objective external reality, a passive, neutral observer, or a detached narrow empiricism. Instead the researcher assumed that social reality is multiple, processual, and constructed and that the researcher's own position, perspective, and interactions are an inherent part of the research study. The researcher believed that students' experiences of faculty incivility are contingent upon the time, place, and situation but their experiences of incivility are shared with other students in similar circumstances.

Setting and Sample

In grounded theory sampling, participants are not chosen randomly but rather are selectively sampled because they have experienced the phenomenon being studied (Charmaz, 2014). This study's sample was comprised of nursing students currently enrolled in traditional BSN programs who were members of the National Student Nurses Association (NSNA) who had experienced faculty incivility during their nursing education. To be eligible for the study, participants had to have experienced at least one

incident of what they considered to be uncivil faculty behavior and be: (a) 18 years or age or older, (b) currently enrolled in a traditional BSN nursing program, and (c) a member of NSNA.

Traditional BSN students were enrolled in the study because the investigator believed there is an inherent difference between traditional BSN program students and students from other types of nursing programs. Traditional BSN students are not yet registered nurses (RNs). Traditional BSN programs typically take four years to complete and embrace theoretical study as well as hands-on clinical experience and training. Prerequisite courses commonly are completed prior to beginning nursing courses. Students in other types of nursing programs (i.e., associate degree, second-degree, or RN to BSN completion programs) are often older and possess different academic abilities and professional goals. These qualities may differentially influence their responses to uncivil faculty behaviors (Korvick, Wisener, Loftis, & Williamson, 2008). Therefore, in order to provide a fairly homogeneous sample for the study, only traditional BSN students were invited to participate.

An exact determination of sample size cannot be established *a priori*; therefore, the sample size was influenced by emerging theory construction. Morse (1994) suggested that a sample size of 30 to 50 participants is sufficient to develop a theoretical framework in a narrow domain, although much depends on the quality of data collected, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, and the number of interviews per person (Morse, 2000). The investigator recruited a purposive sample of 30 participants. All of the participants shared a common educational experience as traditional BSN students. In addition, all study volunteers

shared a common interest in the topic of faculty incivility. All 30 participants provided rich descriptions of their experiences, ensuring good quality data. Approval was obtained from the Indiana University–Purdue University Indianapolis Institutional Review Board (Appendix A) prior to implementation of study procedures.

Recruitment

Permission to recruit participants via the NSNA website was obtained from the NSNA advisory board (Appendix B). The NSNA advisory board sent an electronic study information sheet (Appendix C) via email to 4,760 NSNA members enrolled in traditional BSN programs. To attract eligible students the study information sheet defined faculty incivility broadly as any behavior by a faculty member that the student considered to be rude or discourteous. The study information sheet also provided a brief description of the study and eligibility criteria, and included the researcher’s contact information. The flyer asked potential participants to contact the researcher via email or telephone. When potential participants contacted the researcher, she further described the study, screened for eligibility, and answered any questions (Appendix D). Thirty students participated after consent was received, and each participant received a \$15 Amazon gift card in appreciation for his/her time and effort.

Data Collection Strategy

Participants were given the option to complete the interview over the telephone or via Skype®. The investigator conducted semi-structured, one-on-one interviews that were audio-recorded. Each interview lasted between 20 and 60 minutes, with an average of 50 minutes. Prior to beginning each interview, the researcher reminded each participant of his/her right to withdraw from the study at any time without penalty and assured each

participant that she/he could decline to answer any questions that made her/him uncomfortable. The investigator obtained and audio-recorded verbal consent at the beginning of each interview.

The researcher assured privacy by conducting interviews from a private office. A trained transcriptionist using an institutional review board-approved process transcribed each interview after which the researcher downloaded the audio recordings onto a protected site. After transcriptions were completed, the investigator listened to the audio files and compared them to the transcribed interviews to verify accuracy. The researcher removed all identifiable information from the written transcripts. She then uploaded the transcript files to the Indiana University Research File System (RFS), a secure server that is password-protected. All audio files and transcripts were deleted after the study was complete. Only three people had access to the audio-taped and transcribed interviews via the RFS: Heidi Holtz, the investigator, and Drs. Susan Rawl and Claire Draucker, who served on the dissertation committee and assisted with analysis of data.

The investigator wrote field notes during the one-on-one interviews that described the setting of the interview, important nonverbal communication, and general observations of sight, sounds, and feelings about what took place (Charmaz, 2014). These included simple descriptions of what the researcher noticed during the interview, comments about what needed to be asked or changed in future interviews, and notes that provided theoretical ideas related to the social setting and experiences of participants. Because grounded theory generation is an iterative process that involves a method of constant comparison of data, interviews were conducted a few at a time to allow for continuous analysis of data (see the Data Analysis section for further details).

The researcher developed the semi-structured interview guide (see Appendix E) that included open-ended questions that encouraged participants to provide detailed descriptions about their experience with faculty incivility (Charmaz, 2014). Consistent with grounded theory, the interviews focused on participants' experiences from their own perspectives; the first question explored participants' perceptions of the phenomenon of faculty incivility generally. No attempt was made to impose the researcher's understanding of the concept of faculty incivility onto the participants' narratives.

The researcher designed questions that obtained experiential (action) and incident-level data rather than reflective (introspective) data by asking the participants to tell a *story* of the incidents, including how the incidents began, progressed, and ended, what the consequences of the incident were, and what the participants were thinking/feeling during the incident (Charmaz, 2014). If there were incidents with more than one faculty member, the researcher asked for several examples that occurred with each faculty member the participant viewed as being uncivil. In order to reinforce that the investigator considered the participants to be the experts on their own experiences, the interview concluded with questions that asked participants for suggestions for solving the problem of faculty incivility. Although sample questions were outlined (see Appendix E), the investigator tailored each question to the circumstances the participants shared so interviewees had the opportunity to describe experiences as fully as they chose (Charmaz, 2014). Though the questions in the interview guide (Appendix E) conveyed the scope of the interview, some questions changed throughout the study as the interviews progressed and new categories emerged.

Data Management

The investigator removed all identifiers from transcribed interviews and identified interviews by participant numbers only. Transcribed data were saved in electronic format on Indiana University's RFS. Only Drs. Susan Rawl and Claire Draucker and the investigator had access to the files. The investigator deleted all audio files when the study was complete. During the study, the researcher stored paper copies of transcripts, field notes, and memos in a locked file cabinet in a locked private office and deleted them when the study was complete.

Data Analysis

In grounded theory, data collection and data analysis occur concurrently because they are interrelated processes (Bryant & Charmaz, 2007; Charmaz, 2014). In grounded theory, data analysis begins with the first interview and occurs systematically and sequentially (Charmaz, 2014; Corbin & Strauss, 2007; Morse et al., 2009). The first step involves the process of coding (Charmaz, 2014). Codes are short labels that researchers grant to relevant pieces of data (text units) which capture the essence of the data and are then used to sort, synthesize, and analyze data. Codes are compared for similarities and differences, which result in the formation of categories. Through a re-examination of the data, the properties of categories and the relationships among them are determined to form the theoretical framework. Charmaz's (2014) approach to grounded theory coding consists of four stages including initial coding, focused coding, axial coding, and theoretical coding. The following section describes briefly each stage of coding according to Charmaz then discuss specifically how the investigator operationalized these stages throughout this study.

Initial coding. Initial coding, as described by Charmaz (2014), is the early process of engaging with and defining data. During initial coding, the researcher studies fragments of data by examining relevant words, lines, segments, and incidents (text units). The researcher creates a code label that captures the essence of each text unit. Initial coding keeps the researcher *close to the data* and prevents the researcher's own motives, fears, or unresolved personal issues from unduly influencing data analysis (Charmaz, 2014).

For this study, the investigator read each transcript in its entirety to become familiar with the content of each interview prior to starting the initial coding process. Next the researcher identified all relevant text units related to how faculty incivility unfolds and assigned a code name to each unit. She formatted the transcripts in two columns with raw data in one column and codes juxtaposed to the corresponding data in the next column. Drs. Draucker and Rawl examined the initial codes for the first five transcripts for adequacy of coding and provided feedback to the investigator. Drs. Rawl and Draucker subsequently examined random transcripts and those about which the investigator had particular coding questions.

Focused coding. Focused coding is the second stage of data analysis according to Charmaz (2014). In focused coding, the researcher concentrates on the most frequent and significant codes among the initial codes and compares and contrasts these codes. The researcher may devise a code that subsumes numerous initial codes (Charmaz, 2014). The researcher synthesizes, analyzes, and conceptualizes the codes and begins developing categories (Charmaz, 2014). The researcher reviews all data sources (transcripts) related to the emerging categories and reconsiders the viability and relevance of the categories

based on supporting codes and data. Through this iterative process, categories are verified, revised, and/or reconsidered (Charmaz, 2014).

For this study, the investigator developed categories from the initial codes related to faculty incivility. These emerging categories, contributing codes, and associated text units then were organized on data displays. The researcher considered all the information on the data displays, determined whether the supporting data justified the category, and if so, labelled the category with a term that captured its essence. The investigator then discussed emerging categories with committee members, Drs. Rawl and Draucker.

Axial coding. Axial coding is the third process of data analysis according to Charmaz (2014). Axial coding allows the researcher to organize data around the *axis* of the category to determine its properties. A data display is used to examine and reorder all data relevant to a category in order to describe its characteristics, boundaries, and sub-processes (Charmaz, 2014). This focus is on *rounding out* the salient categories in preparation for developing the theoretical framework.

For this study, the researcher constructed data displays as described previously and drafted a description of each emerging category, including its most important attributes and presented to Drs. Rawl and Draucker. Through discussion and consensus, the final categories and their defining boundaries, subcategories, and main properties were determined and presented in a table format and summarized in a narrative. The investigator met regularly with committee members Drs. Rawl and Draucker to present select categories and obtain feedback.

Theoretical coding. Theoretical coding is the final phase of data analysis that occurs in grounded theory (Charmaz, 2014). During this stage, the researcher

re-examines the data sources to determine possible relationships among categories to develop a theory (Charmaz, 2014). Often categories are arranged chronologically to outline a process that changes over time, distinct stages of the processes are identified, and junctures in the process that reflect the movement from one stage to another are determined.

For this study the researcher integrated categories to develop a theoretical framework that illustrated how students' experiences of incidents of faculty incivility unfold over time. The researcher continued analysis until a theoretical framework accounted for any variation in the data and provided a meaningful description of how faculty incivility toward traditional BSN students unfolds. Theoretical coding was completed with assistance from Drs. Rawl and Draucker. Regular meetings with these committee members enabled the investigator to present the emerging framework and receive feedback.

Credibility/Trustworthiness

There are many strategies used for ensuring trustworthiness in qualitative research. In this study, criteria described by Charmaz (2014) was used to evaluate quality. The quality of a grounded theory study depends on the credibility, originality, resonance, and usefulness of findings that are described in the following sections (Charmaz, 2014).

Credibility. The credibility of findings is the extent to which the data are substantial and relevant and to which the codes, categories, and final framework have a close fit with the data (Charmaz, 2014). In this study, rich data were obtained by interviews that encouraged participants to provide in-depth descriptions of their experiences with faculty incivility. To ensure the data obtained was rich, the investigator

received on-going and substantial feedback on her interviewing techniques from Drs. Rawl and Draucker. The investigator ensured credibility by maintaining an audit trail in which all analytic and methodological decisions were chronicled and reviewed by Drs. Rawl and Draucker. Audit trails provided a clear description of all research activities that resulted in the findings so that others could examine, understand, reconstruct, and evaluate the procedures.

Originality. Originality is the presence of new insights and conceptualizations in the findings (Charmaz, 2014). The researcher enhanced the originality of the findings by scrutinizing data for new insights and obtaining the views of Dr. Rawl, Dr. Draucker, and a qualitative team of PhD students on what was *new and different* in the data so that the framework provides a unique view on the phenomenon of interest.

Resonance. Resonance is the degree to which the findings are meaningful to the persons to whom the findings apply (Charmaz, 2014). To ensure resonance, after categories began to emerge, the researcher asked subsequent participants whether the categories *made sense* or were consistent with their experiences.

Usefulness. Usefulness is the degree to which the findings are relevant to practice (Charmaz, 2014). In this study, the usefulness of theory was ascertained by asking three nurse educators who were currently working with traditional BSN students whether they found the theory consistent with the faculty members' observations in practice, whether they found the theory useful in understanding the phenomenon of faculty incivility, and if they believed the theoretical framework could point to strategies to combat faculty incivility.

Summary

Because few studies of faculty incivility have been theoretically based, understanding of the social processes and social contexts of faculty incivility and the impact it has on students is limited. There have been no studies that provide a theoretical framework that explains the social processes which occur when students experience incidents of faculty incivility and how these processes unfold over time. The overall goal of this study was to generate a theoretical framework that provides a comprehensive understanding of the social processes involved in students' experiences of incidents of faculty incivility and how they unfold over time—a necessary first step in this program of research. The intent of this study was to develop a theory to explain the psychosocial processes that traditional BSN students experience during their exposure to incidents of faculty incivility based on data that was collected (Charmaz, 2014; Glaser & Strauss, 1967). The theory generated from this study is a set of interrelated ideas and concepts that can guide further research to provide a foundation for the development of interventions (Bryant & Charmaz, 2007; Charmaz, 2014; Glaser & Strauss, 1967). In order to achieve this goal for the study, the researcher completed two components. The first component was an integrative review of the literature on students' and nurses' experiences as targets of incivility. The second component was a grounded theory study that resulted in two qualitatively derived manuscripts: Study Part 1, a typology of faculty incivility, and Study Part 2, a theoretical framework. The theoretical framework proposes to describe how incidents of faculty incivility toward traditional BSN students unfold.

Overview of Chapters 2, 3, 4, & 5

With input from the dissertation committee, the investigator presents this study in a format that includes three publishable manuscripts, included herein as the foundation of Chapters 2, 3, and 4. Each of the three manuscripts will be/have been submitted to a peer-reviewed journal. These manuscripts are summarized briefly in the following paragraphs.

Chapter 2 is comprised of manuscript one, an integrative review of published research representing the state of the science on incivility in nursing and higher education. This manuscript was written for a target audience of educators in higher academia, nurses, administrators, and students and was submitted to the *Journal of Academic Ethics* (Holtz, Reising, & Rawl, 2016). This journal is devoted to the examination of ethical issues that arise in higher education. It focuses on ethical concerns in research, teaching, administration, and governance. The author selected the *Journal of Academic Ethics* because this journal publishes integrative reviews similar in length and structure.

Chapter 3 includes the second manuscript—a data-based paper that addresses Aim 1 of the study research (Holtz, Rawl, Burke Draucker, 2016a). It presents a typology of categories, labeled by the researcher as Study Part 1, of uncivil faculty behaviors as described by traditional undergraduate nursing students. This manuscript meets the needs of a target audience of nursing faculty and administrators. The author is considering submission to the *Nurse Educator* (impact factor 0.67), a journal that invites research on students, faculty, teaching, and learning in nursing, or *Nurse Education in Practice* (impact factor 0.957), a journal that encourages research which demonstrates the actual

practice of education as it is experienced in the realities of their respective work environments, both in the university/faculty and clinical settings.

Chapter 4 consists of the third manuscript (Holtz, Rawl, Burke Draucker, 2016b), a data-based paper describing the results of the study research including the final explanatory framework, labeled by the researcher as Study Part 2, describing how incidents of faculty incivility toward traditional (BSN) students unfold. The author will submit this manuscript to the *Journal of Professional Nursing* (impact factor 0.945) because it focuses on baccalaureate and higher degree nursing education, educational research, policy related to education, and education and practice partnerships.

Chapter 5 synthesizes and integrates findings from the research study, linking the three manuscripts and describing how each builds upon the other. Furthermore, it presents the limitations of the study as well as the contributions to research and nursing education. Implications for future research and educational practice also are presented.

CHAPTER 2

This chapter presents the results of the manuscript, “Faculty Incivility in Nursing and Higher Education: An Integrative Review” (Holtz, Reising et al., 2016), the results of a comprehensive integrative review that synthesized the literature regarding the experiences of students and new graduate nurses as targets of incivility.

Incivility in nursing and in higher education is of increasing concern because it has the potential to impede effective teaching, learning, and clinical practice (Bjorklund & Rehling, 2010; Clark et al., 2012; Wagner, 2014). Incivility is defined as rude or disruptive behaviors that often result in psychological distress for the people receiving the uncivil actions (Clark, Farnsworth, & Landrum, 2009). Incivility is a problem in nursing that, for some, begins during their nursing education and carries into their first years of clinical practice. In nursing education, faculty incivility toward students negatively affects the quality of nursing programs and is a precursor to incivility within the nursing workplace (Clark & Springer, 2007b; Condon, 2015; Lasiter et al., 2012; Luparell, 2011; Marchiondo et al., 2010; Wagner, 2014). Students and new graduate nurses are especially vulnerable when they experience uncivil behaviors because they often lack confidence, coping strategies, and social connectivity that enable them to effectively manage interpersonal conflict (Jackson et al., 2011; Weaver, 2013).

The current nursing shortage and aging workforce have stimulated interest in the prevention of uncivil behaviors in the workplace (Laschinger et al., 2010). Despite a growing body of research on incivility experienced by students in higher education and new graduate nurses in clinical nursing practice, an integrative review of the literature has not been published. The aims of this review were to (1) synthesize recent literature regarding the experiences of students and new graduate nurses as targets of incivility by

faculty and co-workers, (2) identify gaps in the literature, and (3) propose future research needed to address this problem.

The first section of this review addresses what is known about faculty incivility in nursing education. The second section focuses on faculty incivility in higher education in programs outside of nursing. Because incivility occurs in both academic and healthcare settings, the final section focuses on incivility in nursing clinical practice.

Methods

The author used Whittemore and Knafl's (2005) integrative review method to identify research articles regarding the experiences of nurses and students as targets of incivility. This method provided the broadest type of research review and has the potential to play a greater role in evidence-based practice for nursing and education (Whittemore & Knafl, 2005). Research articles published from 2006 to 2015 were identified by searching seven databases: the Web of Science, Psych INFO, Embase, CINAHL, ERIC, Ovid, and PubMed. To be eligible for inclusion in this review, articles had to be (a) full-length primary research articles published in a peer-reviewed journal; (b) focused on faculty incivility toward students in nursing programs, other higher education programs, or clinical nursing practice; and (c) written in the English language. Search terms used were: bullying, incivility OR harassment; nursing, education, nurses, faculty OR nurse educators. Excluded from this review were articles that focused on only (a) student incivility toward faculty members, (b) other occupations in the medical field, and (c) nurses other than new graduate nurses.

The researcher identified a total of 361 articles and screened titles to remove duplicates, reducing the total to 248. Abstracts were reviewed to determine articles that

met inclusion and exclusion criteria. A total of 18 articles describing quantitative ($n = 9$), qualitative ($n = 7$), and mixed-method ($n = 2$) studies met the criteria and were included in this review. The Preferred Reporting Items for Integrative Reviews (PRISMA) diagram outlines the search results and detailed screening process (see Figure 1).

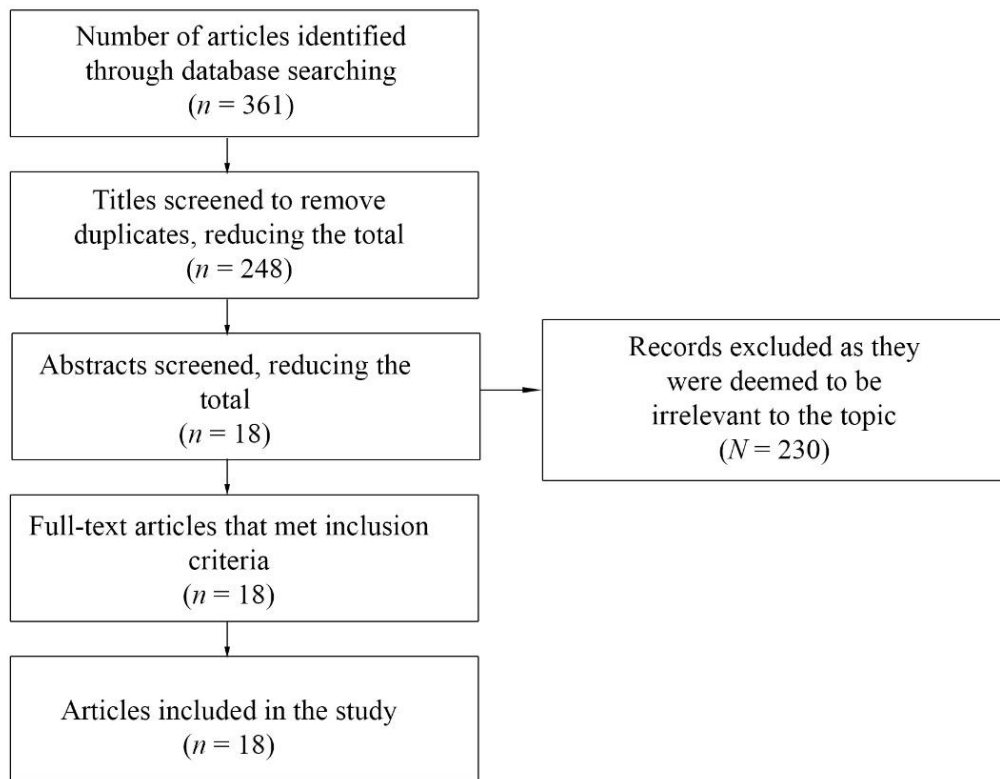


Figure 1. PRISMA diagram.

Data were abstracted from each article to populate Tables 1 (faculty incivility in nursing education settings), 2 (faculty incivility in other, non-nursing higher education settings), and 3 (incivility in nursing clinical practice settings), which were generated to guide the review.

Table 1

Faculty Incivility in Nursing Education Settings (n = 8)

Author (year)	Purpose/Aims	Design	Theoretical Basis	Sample/Setting	Measures	Findings
Altmiller (2012)	Explore the phenomenon of incivility in nursing education from the perspective of undergraduate nursing students	Qualitative, descriptive study used the focus group method	None	24 undergraduate nursing students Ages 18–45 4 male; 20 female 4 universities in the mid-Atlantic states	Not applicable	Themes identified were (1) unprofessional behavior; (2) poor communication; (3) power gradient; (4) inequality; (5) loss of control over one’s world, anger; (6) stressful clinical environment; (7) authority failure; (8) difficult peer behaviors.
Anthony & Yastik (2011)	Explore the experiences of nursing students as targets of incivility in clinical settings	Qualitative, descriptive study using focus groups	None	21 nursing students Ages 20–40 Private, Midwestern university	Not applicable	(1) Difficulty the students described receiving reports; (2) gaps in communication from not having approachable nurse educators and staff nurses; (3) positive experiences: inclusion in patient care activities, learning

Table continues

						opportunities, appreciate being taught; (4) negative experiences: unapproachable, belittling, angry and burned-out nurses, discouragement, dismissiveness.
Clark (2008c)	Explore students' perceptions of faculty incivility in nursing education and students' responses to perceived incivility.	Qualitative study Colaizzi's phenomenological method	None	7 current and former nursing students Ages 3–50 4 female; 3 male 100% Caucasian 4 nursing programs in 2 Northwestern states	Not applicable	Aim 1: Major themes in uncivil faculty behaviors were faculty: (1) making demeaning and belittling remarks, (2) treating students unfairly or subjectively, and (3) pressuring students to conform. Aim 2: Major themes in students' responses were: feeling traumatized, helpless and powerless, and angry and upset.
Clarke et al. (2012)	Examine nursing faculty and student perceptions of	Mixed-method approach	None	21 faculty members Ages 24–53	The Incivility in Nursing	Faculty and students reported incivility as a reciprocal relational process influenced by

Table continues

(1) factors that contribute to incivility in nursing education, (2) types of uncivil behaviors each group exhibits, and (3) remedies for prevention and intervention

<p>392 students Ages 17–23 398 female; 15 male 99% Han ethnic group College in the People’s Republic of China</p>	<p>Education survey Cronbach’s alpha exceeds 0.90 for perceptions of uncivil behaviors, for frequency exceeds 0.80.</p>	<p>stress, a lack of mutual respect, poor communication, and generational or environmental factors. Uncivil faculty behaviors identified were poor teaching methods, course requirements changed without notice, and teaching styles that made it challenging for students to adjust. Uncivil faculty behaviors were poor teaching methods and disrespect of students. Suggested remedies included educational programs for faculty, policies and procedures for dealing with incivility effectively and fairly, improving communication via open discussions of controversial issues, personal responsibility, improving teaching methods, showing forgiveness and tolerance.</p>
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Table continues

Clark & Springer (2010)	<p>To understand leaders' perceptions of stress and attitude in an organization.</p> <p>What uncivil behaviors do you see nursing faculty displaying?</p> <p>What do you perceive to be the biggest stressors for nursing faculty?</p> <p>What is the role of nursing leadership in addressing incivility?</p>	Qualitative descriptive	None	<p>126 academic nurse leaders attending a state-wide nursing conference in a large Western state</p> <p>Deans, chairs, and directors from associate and BSN degree programs</p>	<p>Five-item survey</p> <p>Reviewed by content experts, related directly to the elements contained in the conceptual model used in study.</p>	<p>Uncivil faculty behaviors included rude, belittling, demeaning, and unreasonable demands,</p> <p>Contributing factors: (1) multiple work demands; (2) heavy workloads and inequality; (3) advancement issues; (4) lack of faculty and administrative support; (5) adjunct faculty, high turnover; (6) problematic students; (7) low salary and financial issues; (8) faculty–faculty incivility and hazing.</p> <p>Role of nurse leaders: Create a culture of civility, educate and address incivility directly, role-modeling, hold faculty accountable for actions, policy development.</p>
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Table continues

Clarke et al. (2012)	Examine the state of bullying in nursing education in the practice setting. Identify the types and frequencies of bullying behaviors experienced by nursing students. Identify the sources of bullying behavior in nursing education.	Quantitative descriptive	None	674 nursing students from four BSN campuses 558 female; 112 male Mean age = 24 Canadian University	Stevenson et al. (2006) Cronbach's alpha = 0.86 to 0.93	Frequency of bullying behaviors = 88.7%. Third and fourth year students experience more bullying than first year and second year students. Types of faculty uncivil behaviors were undervaluing their efforts, negative remarks, impossible expectations, & poor communication Sources of bullying behaviors included clinical instructors, staff nurses, classmates, and patients..
Del Prato (2013)	To explore students' lived experiences of faculty incivility in ADN nursing education.	Qualitative phenomenological	None	13 ADN nursing students Ages 19–42 9 female; 4 male	Not applicable	Faculty incivility was described as: (1) verbally abusive and demeaning experiences; (2) subjective evaluation and favoritism; and (3) rigid expectations for perfectionism.

Table continues

				11 Caucasian 3 nursing programs in the Northeastern U.S.		Faculty incivility disrupted professional formation by interfering with learning, self-esteem, self-efficacy, and confidence.
Lasiter et al. (2012)	Explore students' perceptions of uncivil experiences with faculty.	Qualitative descriptive	None	133 senior BSN students Ages 20–45 86 female; 8 male	Nursing Education Environ- ment Survey	Uncivil faculty behaviors identified were: (1) being yelled at, laughed at, threatened, belittled, or cut off in front of others; (2) being made fun of, talked about errors, questions, and physical attributes of students; (3) feeling incompetent, incapable, dumb, or stupid as a result of actions or communications by nursing faculty; (4) faculty lost assignments, threatened low grades, interrupted students, talked down to them, laughed at or mimicked, ignored, or suggested a different career path.

Table continues

Marchiondo et al. (2010)	Investigate nursing faculty incivility and student satisfaction with their programs.	Quantitative descriptive study using a cross-sectional survey	None	152 Senior BSN nursing students Ages 20–45 136 female; 14 male 87% Caucasian 2 public Midwestern universities	Nursing Education Environment Survey—examined by 2 expert nurse researchers for validity Workplace Incivility Scale (Cortina et al., 2001) and INE (Clark, 2008b). Cronbach's alpha = 0.86	Frequency of incivility = 50% experienced in clinical settings Actions taken to deal with incivility included talking to classmates; talking to partner or spouse; putting up with it; anxiety, nervousness, and depression. Program satisfaction was regressed based on experiences of faculty incivility.
Mott (2014)	Provide a description of the lived experiences of undergraduate	Qualitative phenomenology using Colaizzi's method.	None	5 ADN students at a technical college 1 BSN student	Not applicable	Lived experience of students who experienced faculty incivility included: (1) incivility is an emotional experience; (2) to earn respect,

Table continues

nursing students
who have
experienced
faculty
incivility.

5 female; 1
male

Ages 19–early
60s

One school in
the Midwest
and one 4-year
university

one must give respect;
(3) resilience and persistence
are key; (4) environment is
everything; (5) perception of
bullying is reality.

Table 2

Faculty Incivility Other (Non-Nursing) Higher Education Settings (n = 2)

Author (year)	Purpose/Aims	Design	Theoretical Basis	Sample/Setting	Measures	Findings
Alt & Itzkovich, (2015)	<p>Aim 1: Mapping features of actual faculty incivility as perceived by students, constructing and validating a new scale for measuring those features.</p> <p>Aim 2: Comprehensively assess perceived faculty incivility as a function of an individual experience of the teacher's justice.</p>	Mixed method qualitative and quantitative	<p>Teachers' Justice (Peter & Dalbert, 2010)</p> <p>The Belief in a Just World (Lerner, 1965)</p>	<p>Phase 1</p> <p>100 undergraduates 80 female; 20 male</p> <p>Major college in Israel</p> <p>Phase 2</p> <p>744 undergraduates 612 female; 132 male</p> <p>2 colleges located in the Northern Galilee</p>	<p>Phase 1</p> <p>Describe an incivility incident</p> <p>2 raters (experts in the area of incivility)</p> <p>reliability</p> <p>$0.61 < k < 1$</p> <p>good agreement</p> <p>Phase 2</p>	<p>Passive faculty incivility included ignoring students' questions during lectures and being unavailable to student or inattentive to his/her problems.</p> <p>Active faculty incivility included expressing anger in response to students who express difficulties following</p>

Table continues

	The personal belief in a Just World Scale (1999)	or understanding lectures and offensive comments toward a student.
	Cronbach's alpha = 0.95	Power climate between faculty and students in uncivil environments is salient.
Majors		Students who evaluate their teachers' behavior toward them personally as just are less inclined to report uncivil behavior.
(<i>n</i> = 51) education		
(<i>n</i> = 8) criminology		
(<i>n</i> = 11) sociology		
(<i>n</i> = 10) management		
(<i>n</i> = 11) economics		
(<i>n</i> = 3) political science		
(<i>n</i> = 1) behavioral science		
(<i>n</i> = 3) political science		

Table continues

				(<i>n</i> = 2) engineering (<i>n</i> = 2) tourism (<i>n</i> = 1) communication		
Wagner (2014)	<p>Compare undergraduate upperclassmen students' perceptions of student and faculty incivility among three academic disciplines of nursing, education, and business.</p> <p>Goal is to specifically address the issue of whether there is more incivility in nursing education than other disciplines within higher education. Determine if there is a difference in undergraduate upperclassmen students' perceptions of student and faculty incivility among disciplines by focusing on the three disciplines.</p>	Quantitative causal comparative study	Heider's Attribution Theory	<p>252 students Ages 18–28 179 female; 73 male 93% Caucasian Juniors and Seniors Majors: (<i>n</i> = 87) nursing (<i>n</i> = 74) education (<i>n</i> = 91) business Large public university in Western Mountain Region of U.S.</p>	<p>Incivility in Higher Education Survey adapted from Clark et al. (2009). Cronbach's alpha = 0.808 to 0.955</p>	<p>No significant difference between students' perceptions of what constitutes faculty incivility in nursing and other academic disciplines and the extent to how often it occurs.</p> <p>Most significant uncivil faculty behaviors include lack of immediacy or ignoring students and ineffective teaching.</p> <p>Top strategies to reduce incivility: (1) role model professionalism, (2) implement codes of conduct, (3) reward civility, and (4) implement strategies for stress reduction.</p>

Table 3

Incivility in Nursing Clinical Practice Settings (n = 6)

Author (year)	Purpose/Aims	Design	Theoretical Basis	Sample/Setting	Measures	Findings
Altier & Krsek (2006)	Evaluate the effect of participation in a 1-year residency program during the initial year of employment on job satisfaction and retention of graduate nurses.	Quantitative prospective, longitudinal	Benner (1982)	316 new graduate nurses Ages 21–59 282 female; 34 male 76% Caucasian 9% African American 5% Hispanic 6% Asian 0.003% Native American 3% unknown 6 academic medical centers across the U.S.	McCloskey-Mueller (1990) Satisfaction Survey (MMSS)	Program successfully retained 275 (87%) of new graduate nurses New graduate nurse’s satisfaction result after completion of 1 year residency program: Satisfied with: (1) intrinsic rewards, (2) scheduling, (3) balance, (4) co-workers, (5) interaction opportunities, (6) control and responsibility. Not satisfied with: (1) praise and recognition, (2) professional opportunities.

Table continues

Laschinger et al. (2010)	Test a model linking new graduate nurses' perceptions of structural empowerment (access to information, resources, support and opportunities to learn and grow) to their experiences of workplace bullying and burnout.	Quantitative descriptive correlational	Kanter's (1993) work empowerment theory.	415 nurses with 3 or less years' experience 394 female; 21 male Acute care hospitals across Canada	CWEQ-II Laschinger (2000) Cronbach's alpha = 0.79–0.82 Negative3 Acts Questionnaire Revised (NAQ-R) (Einarsen & Hoel, 2001) Cronbach's alpha = 0.92 Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli et al. 1996) Cronbach's alpha = 0.89–0.91	Structural empowerment was statistically significantly and negatively related to workplace bullying exposure. Bullying exposure, in turn, was statistically significant related to all three components of burnout. Emotional exhaustion had a direct effect on cynicism, which in turn had a direct effect on efficacy.
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Table continues

Laschinger et al. (2013)	<p>Test a model derived from the workplace incivility of Andersson & Pearson (1999) linking incivility and personal resiliency to new graduate nurses' self-reported mental health symptomology.</p> <p>Examine the relationships between co-worker, physician, and supervisor workplace incivility and new graduate nurses' mental health and the protective role of personal resiliency.</p>	Quantitative descriptive correlational	None	<p>272 new graduate nurses Mean age = 27 240 female; 32 male Canadian hospital</p>	<p>Survey consisting of 3 standardized questionnaires</p> <p>Cortina's Workplace incivility scale (2001)</p> <p>6-item resiliency subscale from Luthans Psychological Capital Questionnaire (2007)</p> <p>Cronbach's alpha = 0.68</p> <p>Mental Health Inventory (MHI-5) Veit (1983)</p> <p>Cronbach's alpha = 0.83</p>	<p>Incivility had a negative effect on new graduates' mental health. Resiliency appeared to have a protective effect. New graduates experienced workplace incivility most commonly from co-workers (nurses), then physicians; supervisors were the least common perpetrators.</p>
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Table continues

Laschinger, Wong, & Grau (2012)	Test a model linking authentic leadership to new graduate nurses' experiences of workplace bullying and burnout, and subsequently, job satisfaction and intentions to leave their job.	Quantitative descriptive correlational	Avolio & Gardner Authentic Leadership Model (2004)	342 new graduate nurses (less than 2 years' experience) Mean age = 28 313 female; 26 male Acute care hospitals Ontario	Authentic Leadership Questionnaire (Avolio et al., 2007) 16 items Cronbach's alphas = .70-.90 Negative Acts Questionnaire-Revised (Einarsen & Hoel, 2001) 22 items Cronbach's alphas = .77-.92 Maslach Burnout Inventory (Schaufeli et al., 1996) 5 items	29.2% of nurses bullied (weekly basis or daily basis at least 2 times). Nursing leaders' authentic leadership behaviors are associated with new graduates' experiences of bullying, burnout, job satisfaction, and job turnover intentions within the first 2 years of practice. Authentic Leadership had a significant negative direct effect on workplace bullying experiences (beta = -.34), which in turn had a significant positive effect (beta = .46). Bullying had both a direct negative effect on job satisfaction (beta = -.23) and an indirect negative effect through
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Table continues

					Cronbach's alphas = .88-.89	emotional exhaustion (beta = -.23)
					Hackman and Oldman's Job Satisfaction Scale (1975)	Authentic Leadership influenced job satisfaction directly through workplace bullying and emotional exhaustion (beta = .26).
					4 items	
					Cronbach's alpha = .82	Job satisfaction had a direct effect on job turnover intentions (beta = .64)
					Kelloway et al.'s (1999) Turnover Intentions Scale	
					3 items	
					Cronbach's alpha = .92	
McKenna et al. (2003)	Determine the prevalence of horizontal violence experienced by nurses in their first year of practice.	Quantitative descriptive	None	551 new graduate nurse Ages 20-50	Impact of Event Scale (Horowitz et al. 1979)	One-third of the participants experienced: (1) learning blocks, (2) feeling undervalued, (3) emotional neglect, (4) distress about

Table continues

Describe the characteristics of the most distressing incidents experienced.

Determine the consequences and psychological impact.

Determine the adequacy of training received to manage horizontal violence.

513 female; 32 male

New Zealand

84% European

conflict, (5) lack of supervision.

Consequences:

(1) reduced confidence; (2) fear, anxiety, sadness, depression, mistrust; (3) weight loss, fatigue, headaches, hypertension; (4) compromised patient safety; (5) disillusionment with the nursing profession.

Training: One-third had received training.

Vogelpohl et al. (2013)

Determine if new graduate nurses recognized bullying tactics, were bullied, intended leaving, identified the bullies in the workplace, and received education/support from employers.

Quantitative descriptive

None

135 new graduate nurses

93% Caucasian

65% bachelor's degree

20% associate's degree

5 nursing schools in

NAQ-R New Graduate Nurses Relational Questionnaire (Einarsen et al., 2009)

22 items

20.5% ($n = 27$) had been bullied

46.7% ($n = 63$) saw others subjected to bullying within the previous 6 months.

Bully behaviors experienced: being humiliated/ridiculed; being reminded of

Table continues

Northwestern
Ohio

Cronbach's
alpha = 0.90

mistakes with persistent criticism; untrue allegations against them; excessive teasing/sarcasm.

30% reported bullying affected job performance.

35% had changed jobs due to bullying.

30% considered leaving nursing profession.

Most likely bullies 60% nurse, physician, patient's family.

22.4% had received education on bullying.

Results

Tables 1 through 3 summarize the methods used and outcomes of each study reviewed (purpose/aims and design, theory, sample/setting, measures, and findings). The following sections describe the methods and results from each of the 18 articles.

Purposes/Aims & Designs

Of the 18 studies reviewed, 10 explored faculty incivility in nursing education (see Table 1), 2 examined faculty incivility in higher education (see Table 2), and 6 explored co-worker incivility toward new graduate nurses employed in clinical settings (see Table 3).

Faculty incivility in nursing education. Two studies were qualitative descriptive studies that used focus groups to explore the experiences of nursing students as targets of faculty incivility (Altmiller, 2012; Anthony & Yastik, 2011). Three studies used qualitative phenomenology to acquire an understanding of students' lived experience and perceptions of faculty incivility (Clark, 2008a; Del Prato, 2013; Mott, 2014). Two studies used mixed methods by combining surveys that asked students their perceptions of factors that contribute to faculty incivility and types of uncivil behaviors experienced. The surveys included open-ended questions that asked students to describe what they perceived to be uncivil experiences with faculty and possible remedies for prevention and intervention (Clark et al., 2012; Lasiter et al., 2012). One qualitative descriptive study explored nurse leaders' perceptions of uncivil faculty behaviors, the triggers, and the role nurse leaders play in addressing the problem (Clark & Springer, 2010). One quantitative descriptive study examined the state of incivility in nursing education in the practice setting, identified the types and frequencies of uncivil behaviors, and identified the

sources of incivility in nursing education (Clarke et al., 2012). Another quantitative descriptive cross-sectional study investigated nursing faculty incivility and student satisfaction with their programs (Marchiondo et al., 2010). See Table 1.

Faculty incivility in higher education. One mixed method study mapped features of actual faculty incivility as perceived by students to construct and validate a new scale to measure those features (Alt & Itzkovich, 2015). Additionally, the study assessed perceived faculty incivility as a function of an individual experience of the teachers' justice (Alt & Itzkovich, 2015). A quantitative causal comparative study compared undergraduate students' perceptions of faculty incivility among three academic disciplines: nursing, education, and business. The purpose was to address the issue of whether there is more incivility in nursing education than in other disciplines and whether there is a difference in students' perceptions of faculty incivility across disciplines (Wagner, 2014). See Table 2.

Incivility in nursing clinical practice. One quantitative longitudinal study evaluated the effectiveness of new graduate nurses' participation in a one-year residency program on job satisfaction and retention (Altier & Krsek, 2006). One quantitative descriptive correlational study tested a model linking new graduate nurses' perception of structural empowerment to their experience to workplace incivility and burnout (Laschinger et al., 2010). Another quantitative descriptive correlational study tested a model linking authentic leadership to new graduate nurses' experiences of incivility and burnout, and subsequently, job satisfaction and intentions to leave their job (Laschinger et al., 2012). A third quantitative correlational study by Laschinger and colleagues (2013) tested a model linking incivility and personal resiliency to new graduate nurses'

self-reported mental health symptomology. One quantitative descriptive study explored the nature and impact of interpersonal conflict by both patients and nursing colleagues against RNs in their first year of practice (McKenna et al., 2003). Vogelpohl and colleagues (2013) designed a quantitative descriptive study to determine if new graduate nurses recognized uncivil behaviors, whether they had experienced incivility, and if education and support was offered at their institution for incivility. See Table 3.

Theoretical Basis

Thirteen of 18 studies were conducted without the use of any theoretical framework (Altmiller, 2012; Anthony & Yastik, 2011; Clark, 2008c; Clark et al., 2012; Clark & Springer, 2010; Clarke et al., 2012; Del Prato, 2013; Laschinger et al., 2013; Lasiter et al., 2012; Marchiondo et al., 2010; McKenna et al., 2003; Mott, 2014; Vogelpohl et al., 2013).

Heider's attribution theory was developed to explain why events or behaviors occurred so that subsequent events or behaviors could be predicted and controlled (Heider, 1958). Wagner (2014) reported using this theory as a framework to guide her study; however, there was no evidence provided that the theory had been applied to Wagner's study.

Alt and Itzkovich (2015) applied Lerner's (1965) theory of *The Belief in a Just World* (BJW) and Peter and Dalbert's (2010) *Teachers' Justice* (TJ) in their study to hypothesize that students' personal BJW would positively predict the experienced TJ behavior. Alt and Itzkovich's distinct application of theory supported the hypothesized relationship, showing that students who evaluated their educators' behaviors toward them personally as fair and just had fewer reports of incivility (Alt & Itzkovich, 2015). This

theory has not been applied or tested in any other studies of faculty incivility or incivility in clinical nursing practice.

Kanter's (1993) theory of work empowerment in hospital organizations proposed that empowering conditions such as social structures in the workplace enable healthcare workers to accomplish their work in meaningful ways (Laschinger et al., 2010).

Laschinger and colleagues (2010) applied this theory to their study of incivility and burnout in new graduate nurses. Structural empowerment was negatively related to incivility exposure and levels of burnout (Laschinger et al., 2010).

Laschinger and colleagues (2012) were the first to report evidence that authentic leadership of nursing managers reduced the probability of new graduate nurses' experiences of incivility. New graduate nurses who perceived their nurse managers to have high authentic leadership behaviors reported lower levels of incivility within the workplace. Because this study is the first to empirically link authentic leadership to new graduate nurses' incivility experiences, further research is needed to explore this relationship.

Altier and Krsek (2006) reported using Benner's (1982) novice to expert model to guide their study. However, no evidence was provided regarding how this theory was applied in the study (Altier & Krsek, 2006)

Samples/Settings

Faculty incivility in nursing education. Two of the 10 studies focused on undergraduate nursing students enrolled in associate degree programs (Del Prato, 2013; Mott, 2014). Four studies used students enrolled in BSN programs (Altmiller, 2012; Clarke et al., 2012; Lasiter et al., 2012; Marchiondo et al., 2010). Two studies recruited

nursing students at public universities but did not indicate what type of nursing programs students were attending (Clark, 2008c; Clark et al., 2012). One study was conducted with students enrolled at a private university (Anthony & Yastik, 2011). One study was conducted with academic nurse leaders from both BSN and ADN programs attending a state-wide nursing conference (Clark & Springer, 2010).

Sample sizes ranged from 7 to 674 participants. Eight studies reported that participants were predominantly female (Altmiller, 2012; Clark, 2008c; Clark et al., 2012; Clarke et al., 2012; Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010; Mott, 2014). Gender, however, was not reported in two studies (Altmiller, 2012; Clark & Springer, 2010). The ages of participants varied widely from 18 to 60 years of age.

Study settings varied. Four of 10 studies took place at Midwestern universities (Anthony & Yastik, 2011; Lasiter et al., 2012; Marchiondo et al., 2010; Mott, 2014). Three studies were conducted outside of the United States, one at a Canadian university (Clarke et al., 2012), one at a college in the People's Republic of China (Clark et al., 2012), and another at a major college in Israel (Alt & Itzkovich, 2015). One study involved students enrolled in four universities in the Mid-Atlantic States (Altmiller, 2012). Two studies took place in the Northern United States: one in the Northeast and the other in the Northwest (Clark, 2008c; Del Prato, 2013).

Faculty incivility in higher education. One study (Alt & Itzkovich, 2015) focused on undergraduate students in two colleges in Israel enrolled in ten different majors including: education ($n = 51$), criminology ($n = 8$), sociology ($n = 11$), management ($n = 10$), economics ($n = 11$), political science ($n = 3$), behavioral science ($n = 1$), engineering ($n = 2$), tourism ($n = 2$), and communication ($n = 1$). One

study (Wagner, 2014) involved undergraduate students in a large public university in the Western Mountain Region of the United States from three different majors including: nursing ($n = 87$), education ($n = 74$), and business ($n = 91$).

Sample sizes ranged from 100 to 744 participants. Two studies reported participants were predominantly female (Alt & Itzkovich, 2015; Wagner, 2014). Ages of participants ranged from 18–28 in one study (Wagner, 2014), and the other study had a mean age of 24 (Alt & Itzkovich, 2015).

Incivility in nursing clinical practice. All six studies (Altier & Krsek, 2006; Laschinger et al., 2010; Laschinger et al., 2013; Laschinger et al., 2012; McKenna et al., 2003; Vogelpohl et al., 2013) focused on new graduate nurses. One study enrolled new graduate nurses within their first two years of practice (Laschinger et al., 2012) and one within their first three years of practice (Laschinger et al., 2010). One study recruited new graduate nurses from six academic medical centers across the United States (Altier & Krsek, 2006). Another enrolled new graduate nurses from five nursing schools in Northwestern Ohio (Vogelpohl et al., 2013). Three studies enrolled newly graduated nurses from acute care hospitals in Canada (Laschinger et al., 2010; Laschinger et al., 2013; Laschinger et al., 2012), and one study recruited new graduate nurses in New Zealand (McKenna et al., 2003). Sample sizes ranged from 135 to 551 participants. Ages of participants varied from 20 to 59 years of age. Two studies did not identify participants' ages (Laschinger et al., 2010; Vogelpohl et al., 2013). All six studies enrolled participants who were predominantly female. See Table 3.

Measures

Faculty incivility in nursing education. Clark and colleagues (2012) used a 25-item instrument originally developed by Stevenson et al. (2006) to assess bullying in nursing education. The scale measured frequency of bullying behaviors as well as sources of bullying. Students were asked to indicate behavior frequency using a 3-point Likert-type scale where 0 = *never* having experienced the uncivil behavior to 3 = having experienced the behavior *all the time*. There were four subscales for sources of bullying (peers, staff nurses, faculty, physicians) that all showed high internal consistency; Cronbach's alpha coefficients ranged from 0.86 to 0.93 (Clarke et al., 2012).

Nursing student program satisfaction was measured by Marchiondo and colleagues (2010) with a 5-item scale developed by the investigators that used a 7-point Likert-type response option where 1 = *strongly disagree* to 7 = *strongly agree*. The satisfaction scale showed high internal consistency with a Cronbach's alpha of 0.94 (Marchiondo et al., 2010). Student experiences with incivility, its frequency and settings, as well as responses to faculty incivility were measured using a scale adapted with permission from the Workplace Incivility Scale (Cortina, Magley, Williams, & Langhout, 2001) and the Incivility in Nursing Education Survey (Clark & Springer, 2007a, 2007b; Marchiondo et al., 2010). This adapted scale showed high internal consistency with a Cronbach's alpha of 0.86 (Marchiondo et al., 2010).

Faculty incivility in higher education. Alt and Itzkovich (2015) used a 27-item scale to measure the frequency of uncivil faculty behaviors. These uncivil behavior items were developed from student participant responses of their experiences of faculty

incivility. Each uncivil behavior item had a response option ranging from 1 = *almost never* to 5 = *nearly always* (Alt & Itzkovich, 2015).

Incivility in nursing clinical practice. McKenna and colleagues (2003) used the Impact of Events Scale (Sundin & Horowitz, 2002) to measure subjective psychology of distress in 10 second-year registered nurses over a period of seven days. The McCloskey–Mueller Satisfaction Survey (MMSS) was used by Altier and Krsek (2006) to measure job satisfaction among participants in a nurse residency program. The MMSS is a 31-item 5-point Likert-type self-report scale with 1 = *very dissatisfied* to 5 = *very satisfied*. This scale showed high internal consistency with a Cronbach’s alpha of 0.79 (Altier & Krsek, 2006).

Laschinger and colleagues (2010) used the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) developed by Laschinger (Laschinger, Almost, Purdy, & Kim, 2004) to measure structural empowerment (Laschinger et al., 2010). The CWEQ-II consists of 19 items with a 5-point Likert-type response option that includes six subscales. These subscales measure components of Kanter’s theory of structural empowerment (opportunity, information, support, resources, formal power, and informal power). This scale showed high internal consistency, with a total empowerment Cronbach’s alpha of 0.88 (Laschinger et al., 2010). These investigators also used The Maslach Burnout Inventory–General Survey (MBI–GS; Schaufeli, Leiter, Maslach, & Jackson, 1996) to measure new graduate nurses’ burnout using a total score and three subscales that measured emotional exhaustion, cynicism, and professional inefficacy (Laschinger et al., 2010). The MBI-GS consists of 16 items on a 7-point Likert-type scale ranging from 0 = *never* to 6 = *daily*. High internal consistency was

shown for each subscale, with Cronbach's alphas of 0.94 for emotional exhaustion, 0.86 for cynicism, and 0.82 for inefficacy (Laschinger et al., 2010). These investigators also used the Negative Acts Questionnaire-Revised (NAQ-R; Einarsen, Hoel, & Notelaers, 2001) to measure bullying behaviors. The NAQ-R consists of 22 items with a 5-point Likert-type response option ranging from 0 = *never* to 5 = *daily*. This scale has high internal consistency with a Cronbach's alpha of 0.92 (Laschinger et al., 2010).

Vogelpohl and colleagues (2013) used the NAQ-R as well to measure bullying behaviors in a descriptive study that included additional questions to identify the bully in the workplace (Vogelpohl et al., 2013). High internal consistency was shown with a Cronbach's alpha of 0.90 (Vogelpohl et al., 2013).

In 2012, Laschinger and colleagues used well-established instruments to measure authentic leadership, bullying behaviors, emotional exhaustion, and retention (Laschinger et al., 2012). The Authentic Leadership Questionnaire (Avolio, Gardner, Walumbwa, Luthans, & May, 2004) measured nurses' perceptions of their managers' authentic leadership. This 16-item scale used a 5-point Likert-type response option ranging from 0 = *not at all* to 4 = *frequently, if not always*. A total authentic leadership score was obtained by averaging the four subscales: (1) relational transparency, (2) moral/ethical, (3) balanced processing, and (4) self-awareness. The total scale showed high internal consistency with a Cronbach's alpha of 0.95 (Laschinger et al., 2012).

Einarsen et al. (2001) measured bullying behaviors using the Negative Acts Questionnaire-Revised (NAQ-R). The NAQ-R was designed to measure three interrelated factors associated with person-related bullying (12 items), work-related bullying (7 items), and physically intimidating bullying (3 items). This questionnaire contains 22

items rated on a 5-point Likert-type response option ranging from 1 = *never* to 5 = *daily*. In this study this instrument showed high internal consistency with Cronbach's alphas for the person-related subscale of 0.93, work-related subscale of 0.80, and physically intimidating subscale of 0.66 (Laschinger et al., 2012).

Laschinger and colleagues measured emotional exhaustion, the core component of burnout, with the MBI-GS 5-item subscale (Laschinger et al., 2012; Schaufeli et al., 1996). High internal consistency was shown with a Cronbach's alpha of 0.92 (Laschinger et al., 2012). Retention outcomes were assessed by Laschinger and colleagues by using the Kelloway, Gottlieb, and Barham's (1999) Turnover Intentions Scale and Hackman and Oldham's (1975) Job Satisfaction Scale. The Turnover Intentions Scale consists of three items and the Job Satisfaction Scale has four items with response options on a 5-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Both scales showed high internal consistency with Cronbach's alphas of 0.87 for job turnover and 0.80 for job satisfaction (Laschinger et al., 2012).

In 2013, Laschinger and colleagues conducted a study to explore the influence of three forms of workplace incivility and personal resiliency on new nurses' mental health using three established measures. These investigators used Cortina's Workplace Incivility Scale to measure three sources of incivility toward new graduate nurses (Cortina et al., 2001). The three sources included supervisor incivility, co-worker incivility, and physician incivility. For each of the seven items measured, nurses specified a particular source and the frequency of exposure to uncivil behaviors from each source of incivility in the past 6 months using a 5-point Likert-type scale with 1 = *never* to 5 = *daily*. High internal consistency was shown with a Cronbach's alpha of 0.91 for the supervisor

incivility subscale, 0.91 for the co-worker incivility subscale, and 0.89 for the physician incivility subscale (Laschinger et al., 2013). The 7-item resiliency subscale from Luthans' Psychological Capital Questionnaire (Luthans, Avolio, Avey, & Norman, 2007) was used to measure resiliency (Laschinger et al., 2013). Internal consistency was shown with a Cronbach's alpha of 0.68. The MHI-5 (Veit & Ware, 1983), a 5-item scale, was used to measure frequency of negative mental health symptoms experienced with a 6-point Likert-type scale ranging from 1 = *none of the time* to 6 = *all of the time*. High internal consistency reliability was shown with a Cronbach's alpha of 0.83 (Laschinger et al., 2013).

Findings

Faculty incivility in nursing education. The prevalence of nursing faculty incivility toward students is alarmingly high (Clarke & Cheung, 2008; Marchiondo et al., 2010). In one study of 152 BSN students, 88% of participants reported experiencing uncivil behavior from nursing faculty (Marchiondo et al., 2010). Clarke and colleagues (2012) reported that 89% of 674 students surveyed reported experiencing at least one act of incivility by faculty during clinical rotations in their undergraduate nursing programs.

Seven studies explored the phenomenon of faculty incivility from the perspective of students as targets (Altmiller, 2012; Anthony & Yastik, 2011; Clark, 2008c; Clark et al., 2012; Del Prato, 2013; Lasiter et al., 2012; Mott, 2014). Faculty behaviors in nursing education that are perceived by students to be uncivil include ignoring students' questions, poor communication, being unavailable to students, expressing anger in response to students conveying difficulty understanding concepts, rigidity, poor teaching

methods, and making offensive comments directed toward students (Altmiller, 2012; Anthony & Yastik, 2011; Clark, 2008c; Clark & Springer, 2010; Clarke et al., 2012; Del Prato, 2013; Lasiter et al., 2012).

In one study, students reported incivility as a reciprocal process influenced by stress, a lack of mutual respect, and generational and environmental factors (Clark et al., 2012). Clark and Springer (2010) reported multiple work demands, heavy workloads, shortage of faculty, and low salary as contributing factors of faculty incivility. Three studies reported students suffering consequences of anxiety, depression, decreased self-esteem, decreased learning, and loss of confidence based on experiences of faculty incivility (Clark, 2008c; Del Prato, 2013; Marchiondo et al., 2010). One study identified students' responses to faculty incivility as having feelings of helplessness, powerlessness, anger, and anger (Clark, 2008c). Suggested remedies included educational programs for faculty, policies and procedures for dealing with incivility effectively, role-modeling, and holding faculty accountable for actions (Clark et al., 2012; Clark & Springer, 2010).

Faculty incivility in higher education. To date, the majority of studies regarding students' perceptions of faculty incivility have been conducted in nursing programs (Altmiller, 2012; Anthony & Yastik, 2011; Del Prato, 2013; Lasiter et al., 2012; Wagner, 2014). However, results of one study indicated that there is no difference in students' perceptions of what constitutes faculty incivility in nursing and in other academic disciplines and the frequency with which it occurs (Wagner, 2014). Wagner (2014) found the most significant uncivil faculty behaviors among the disciplines of nursing, education, and business to be lack of immediacy, ignoring students, and ineffective teaching by faculty members.

Two studies (Alt & Itzkovich, 2015; Wagner, 2014) found the most significant uncivil faculty behaviors to include ignoring students, being unavailable, and ineffective teaching. Alt and Itzkovich (2015) found that a power climate between faculty and students in an uncivil environment was an important factor contributing to incivility. Students' responses to strategies to reduce uncivil faculty behaviors included having the faculty role-model professionalism, incorporating policies and procedures on incivility, and having civility rewarded (Wagner, 2014).

Incivility in nursing clinical practice. An emerging body of research confirms that 20% to 33% of new graduate nurses experience incivility within their first few years of nursing practice (Laschinger et al., 2010; Laschinger et al., 2013; McKenna et al., 2003; Vogelpohl et al., 2013). In one study of 342 new graduate nurses, 29% had experienced incivility at least twice weekly during their clinical shifts (Laschinger et al., 2012). Vogelpohl and colleagues (2013) found that 20.5% of 135 new graduate nurses reported experiencing incivility, and 46.7% reported they had witnessed other new graduate nurses experience incivility. New graduate nurses reported experiencing incivility most commonly from nurse co-workers (Laschinger et al., 2013).

Several studies showed that incivility experienced by new graduate nurses led to psychological and physical stress, nurse burnout, attrition from the profession (Laschinger et al., 2010; McKenna et al., 2003), and disillusionment/dissatisfaction with the job (Laschinger et al., 2010; McKenna et al., 2003; Vogelpohl et al., 2013). Incivility often affected job performance (Vogelpohl et al., 2013), compromised patient safety, and reduced self-confidence (McKenna et al., 2003). McKenna and colleagues (2003) found that over 30% of new graduate nurses experienced learning blocks, feelings of being

undervalued, emotional neglect, distress about conflict, and lack of supervision and support. These experiences led 34% of new nurses to consider leaving the profession (McKenna et al., 2003). Similarly, 35.4% of new graduate nurses changed jobs as a result of incidents of incivility and 29.5% contemplated finding a new profession (Vogelpohl et al., 2013).

Two studies reported less than one third of new graduate nurses received education or training on incivility (McKenna et al., 2003; Vogelpohl et al., 2013). Altier and Krsek (2006) evaluated the effect of a 1-year residency program on job satisfaction and retention. The program was successful in retaining 87% of the new graduate nurses who participated ($n = 316$). These participants found the program improved satisfaction with co-worker interactions and leadership opportunities and enhanced communication, thus reducing the risk of incivility (Altier & Krsek, 2006).

Several strategies were shown to decrease incivility toward new graduate nurses. These include the ability of new graduate nurses to be resilient (Laschinger et al., 2013), work environments with structural empowerment (e.g., access to information, resources, support, and opportunities to learn and grow; Laschinger et al., 2010), and authentic leadership (Laschinger et al., 2012).

Discussion

The journey to becoming a nurse is a challenging endeavour that can be made unnecessarily difficult with the added stress of learning and practicing in an uncivil environment (Clark, 2008c; Vogelpohl et al., 2013). Pursuing a degree in nursing requires diligence, motivation, and compassion (Clark, 2008c; McKenna et al., 2003). Yet, the experiences of incivility by students and new graduate nurses leads to the ethical question

of why a profession built around the foundation of caring treats their own with such disrespect. Both Clarke and colleague's (2012) and Vogelpohl and colleague's (2013) studies exposed nurses themselves as the largest source of incivility directed toward new graduate nurses and students.

Because today's nursing students are tomorrow's colleagues, efforts to address nursing incivility are needed in both academic and healthcare environments (Luparell, 2011). It is expected that by 2020, the United States will need 800,000 nurses; preserving new graduate nurses and nursing students is essential for the profession to meet this demand (Weaver, 2013). Incivility within clinical nursing practice is prevalent (Hamblin et al., 2015; McKenna et al., 2003; Wagner, 2014). In 2008, The Joint Commission issued a "Sentinel Event Alert" to inform healthcare agencies that incivility among healthcare workers contributes to poor patient satisfaction, unfavorable patient outcomes, medication errors, increased patient care costs, decreased job satisfaction, and lower nurse retention rates. The problem of incivility in clinical nursing practice has existed for decades but is now receiving more attention from researchers because of its documented consequences and negative impact on quality patient care, nurse retention, and the nursing shortage (Vogelpohl et al., 2013; Walrafen et al., 2012; Weaver, 2013).

While results of the review offer some evidence and insight into the prevalence of incivility in nursing and nursing education, they do not provide information about the causes and circumstances surrounding such incidents. Incivility is a sensitive issue, and students and new graduate nurses who experience uncivil behaviors from faculty and co-workers feel powerless or helpless and are afraid to report incivility because of the devastating impact it may have on their educational and professional outcomes

(Laschinger et al., 2013; Marchiondo et al., 2010). McKenna and colleagues (2003) reported that people must feel safe before they will report an occurrence of incivility and that a high percentage of incidents often are not reported. The review revealed the frequency of incivility reported as a common occurrence (Clarke et al., 2012; Laschinger et al., 2012; Marchiondo et al., 2010; McKenna et al., 2003). However, fear of reporting incivility often forces students and new graduates to acclimate to an uncivil environment through resilience (Jackson et al., 2011; Laschinger et al., 2013; Mott, 2014; Weaver, 2013). Personal resilience was shown to decrease vulnerability by helping students and new graduate nurses feel protected and adapt to the learning and work environment (Walrafen et al., 2012).

Adequate support is essential for students and new graduate nurses to be successful and satisfied with their decision to join the profession. Educating faculty about incivility and its negative effects on students' learning is fundamental to building a strong profession with new graduate nurses who exemplify compassion and caring fundamental to nursing's code of ethics (Condon, 2015).

Fostering healthy learning and work environments must be a priority in nursing and nursing education. It is also crucial that incivility in clinical practice settings be addressed through partnerships with faculty, students, and nurses. Peer and staff mentoring programs and residency programs that support healthy relationships between faculty, students, new graduates, and co-workers are fundamental to the development of safe and civil work environments. These programs demonstrate levels of satisfaction and retention for both students and new graduate nurses (Altier & Krsek, 2006; Clark, 2008c; Del Prato, Bankert, Grust, & Joseph, 2011).

Strengths/Limitations

Perhaps the most important finding in this review is the emerging evidence suggesting that uncivil behaviors have negative implications for students, faculty, nurses, healthcare workers, and patients. More research is needed to fully understand the consequences of these behaviors and to develop effective strategies to rectify this problem. There are several limitations to this review. This review included only seven databases and only one reviewer identified and selected articles. It also included only articles written in English. Additionally, the scope of this review was intentionally narrow because it was limited to those studies published in peer-reviewed journals, leaving out ancestry, gray literature, and published abstracts.

Future Directions

The majority of research on incivility in nursing education consists of qualitative studies of students' perceptions and lived experiences (Anthony & Yastik, 2011; Clark, 2008c; Clarke et al., 2012; Del Prato, 2013; Jackson et al., 2011; Lasiter et al., 2012; Mott, 2014). There were no studies that provide clear and compelling evidence about how student learning is affected or the impact of faculty incivility on students' grades, student attrition from nursing programs or the profession, students' confidence in themselves, or their performance in the clinical setting.

Faculty, administrators, nurses, and students are largely unaware of what constitutes incivility, and there is no common definition of incivility. Without an understanding of what incivility is and defining it consistently, there is no way to identify predictors and make informed decisions on how to reduce or prevent incivility. Further descriptive research is needed to examine characteristics of faculty and nurses who

exhibit uncivil behaviors. Additional studies examining faculty and nurses' self-esteem, attitudes, and behavioral responses to environmental factors, such as powerlessness, could provide insight into the triggers of uncivil behaviors (Del Prato, 2013).

Greater clarity is needed about the prevalence and triggers of incivility in nursing education and clinical nursing practice. It is important to recognize that stressors encountered on a daily basis in the healthcare environment can trigger uncivil behaviors even in the best of nurses (Luparell, 2011). In the clinical setting, the stress of being responsible for several students caring for several seriously ill patients can trigger uncivil behavior. Currently, there is little research regarding the triggers of uncivil behavior toward students by faculty in the clinical setting (Clarke et al., 2012; Jackson et al., 2011; Marchiondo et al., 2010).

More studies in this area need to be informed by evidence-based theory or guided by conceptual frameworks. Because few studies were theoretically based, understanding of the precursors, social processes, and social contexts of faculty incivility or the impact it has on students or new graduate nurses are limited. No studies have been conducted to explain the social processes that occur when students or nurses experience faculty incivility and how these processes unfold over time. Rigorous theory-based research would expand existing knowledge by explaining why and how faculty incivility occurs. Theory-based research would advance the current state of the science in this area from descriptive studies to those that test relationships and examine predictors and consequences of faculty incivility. Specifically, identifying key variables that influence faculty incivility, especially those that are modifiable, is crucial.

Incivility is a multifaceted phenomenon that must be addressed at the interpersonal, organizational, and societal levels (Clarke et al., 2012; Del Prato, 2013). Research is needed to fully explore students' and new graduates' experiences with incivility, as well as to develop and test effective strategies to reduce or eliminate incivility. Providing students and new graduates with effective tools they can use when they encounter incivility may empower them and minimize its negative impact on learning, burnout, dissatisfaction, and retention.

Studies have explored students' perceptions about possible remedies to address incivility; however, no studies have demonstrated the effectiveness of solutions (Clark, 2008c; Mott, 2014). Literature suggests that institutions should implement educational programs and policies as a solution to incivility, yet no research has tested the effectiveness of these interventions (Clark, 2008c; Clarke et al., 2012; Hamblin et al., 2015; Laschinger et al., 2013; McKenna et al., 2003; Vogelpohl et al., 2013).

Research aimed at developing and testing interventions to prevent, manage, or eliminate incivility in nursing education and clinical nursing practice is urgently needed (Clark, 2008c). Suggestions for administrators, deans, and directors of schools of nursing include establishing clear expectations and educating faculty about appropriate professional behaviors that could facilitate civility in nursing education (Clarke et al., 2012; Marchiondo et al., 2010). In addition, faculty and nurses need to be held accountable for their actions, and there should be consequences for those who breach rules of proper conduct. Experts have suggested that schools of nursing and healthcare environments adopt zero-tolerance policies, foster a culture of civility, and establish

standards for behavior (Clark, 2008c; Clarke et al., 2012; Del Prato, 2013; Marchiondo et al., 2010).

Conclusion

This review provides evidence that students and new graduates encounter incivility during their nursing education and in their first years of practice. Rude, disrespectful, and disruptive interactions occur commonly in settings where students are introduced to the complexities and stress of today's healthcare environments. These busy and unpredictable practice environments where students and new graduates engage in many new learning experiences while caring for acute and chronically ill patients and families are challenging enough without the added stress of incivility from nursing faculty and co-workers. The future of the nursing profession depends on high quality education and practice. Nurse faculty and leaders must prepare knowledgeable, skilled, and competent professionals who embrace the core values of compassion and caring. The key to promoting these values is to consistently model professionalism and eliminate uncivil behaviors.

The following chapter presents a typology of categories of uncivil faculty behaviors as described by traditional undergraduate nursing students to address Aim 1 of the study research.

CHAPTER 3

This chapter presents the results of a qualitatively derived typology that explains the different ways traditional BSN students perceive faculty to be uncivil (Holtz, Rawl, Burke Draucker, 2016a). Faculty incivility in nursing education is a prevalent problem associated with a number of negative outcomes for students. Incivility has been defined as “rude or disruptive behaviors which often result in psychological or physiological distress for the people involved that, if left unaddressed, may progress into threatening situations” (Clark et al., 2009, p. 7). Faculty incivility encompasses negative and unwanted acts by faculty members and can include behaviors toward students that are rude, belittling, and demeaning (Anthony & Yastik, 2011; Clark & Springer, 2010).

Most research on incivility in nursing education focuses on students’ uncivil behaviors toward faculty (Clark, 2008c; Marchiondo et al., 2010). Recent research indicates, however, that faculty incivility toward nursing students is also a common problem (Clark et al., 2012; Marchiondo et al., 2010; Mott, 2014). In a study of 674 nursing students, Clarke and colleagues (2012) discovered that 88% had experienced uncivil faculty behavior during their nursing program. Another study of 152 nursing students also revealed 88% had reported experiencing at least one incident of uncivil faculty behavior during nursing school (Marchiondo et al., 2010).

Students who experience faculty incivility in classroom and practice settings report feelings of embarrassment, stupidity, or belittlement (Bjorklund & Rehling, 2010; Clark, 2008c; Lasiter et al., 2012). Faculty incivility is associated with distraction, failure to concentrate, poor communication and collaboration among faculty members and students, and poor learning outcomes in students (Del Prato, 2013; Luparell, 2011; Marchiondo et al., 2010). Faculty incivility can interfere with safe clinical practice,

reduce student retention, and cause disillusionment with the profession (Clark, 2008c; Del Prato, 2013; Marchiondo et al., 2010).

Despite the prevalence of faculty incivility and its negative effects on students, few studies have been conducted to identify types of faculty behaviors that students consider to be uncivil. In one survey study of 356 nursing faculty and students, faculty behaviors that were identified as uncivil included “canceling class without warning, being unprepared for class, not allowing open discussion, being disinterested or cold, belittling or taunting students, delivering fast-paced lectures, and not being available outside of class” (Clark & Springer, 2007a, p. 10). In another survey study of 504 nursing faculty and students, Clark found that the most frequently occurring uncivil faculty behaviors included “ineffective teaching methods, arriving late for activities, and deviating from the syllabus and changing class assignments” (2008b, p. 458). In a survey of 152 nursing students, students responded to an open-ended question about their worst experience of faculty incivility. Four themes describing incivility were revealed: “in front of someone,” “talked to others about me,” “it made me feel stupid,” and “I felt belittled” (Lasiter et al., 2012, p. 123–124). In a phenomenological study of seven current and former nursing students, Clark identified three major themes that captured types of faculty incivility: “faculty making demeaning and belittling remarks,” “faculty treating students unfairly or subjectively,” and “faculty pressuring students to conform” (2008c, p. 286). Altmiller conducted focus groups with 24 nursing students and reported nine themes related to faculty incivility. These themes included: “unprofessional behavior,” “poor communication techniques,” “power gradient,” “inequality,” “loss of control over one’s world,” “stressful clinical environment,” “authority failure,” “difficult peer behaviors,”

and “students’ views of faculty perceptions” (2012, p. 16). No studies to date, however, have been conducted in which in-depth interviews with a robust number of nursing students were conducted to obtain detailed descriptions of incidents of faculty incivility personally experienced by the students. Such descriptions could yield a better understanding of the range and variety of faculty behaviors that students view as uncivil. Therefore, the aim of this study was to describe common types of incidents of faculty incivility as reported by traditional BSN students.

Methods

A qualitative description approach as described by Sandelowski (2000) guided this study. The goal of this approach is to provide a straight-forward description of a phenomenon of interest rather than a highly interpretive or abstract rendering of data (Sandelowski, 2000). Researchers use analytic techniques that stay “close to the data” (Sandelowski, 2000, p. 334) to provide a detailed summary of participants’ experiences in everyday language. Qualitative description studies often use purposive sampling, moderately structured interview procedures, and content analytic techniques (Sandelowski, 2000). Because the purpose of this study was to identify a variety of common types of faculty incivility as perceived by BSN students, qualitative description was the most appropriate method to meet this aim.

Sample and Setting

Baccalaureate nursing students who were members of the NSNA were recruited for this study. Eligible students (a) had experienced faculty incivility and (b) were currently enrolled in a traditional baccalaureate nursing program. Students were recruited from the NSNA because the investigator wanted to understand the extent to which

incivility occurs nationally. While the researcher recognizes that all students enrolled in nursing programs have the potential to experience faculty incivility, she believes traditional BSN students may differ from students from other types of nursing programs in ways that may substantially influence the experiences of faculty incivility (Korvick et al., 2008). Students enrolled in other types of nursing programs (i.e., associate degree, second-degree, or RN to BSN completion programs) are often older and have different academic abilities, experiences, and professional goals. To ensure a fairly homogenous sample, only traditional BSN students were eligible.

While the sample size in qualitative descriptive studies is not determined a priori, a sampling goal is to obtain an enough data to reveal the range of experiences that constitute the target phenomenon (Sandelowski, 2000). Thirty participants provided ample data to identify a number of common types of faculty incivility.

Recruitment

After permission was obtained from the NSNA advisory board (see Appendix B), a study information sheet (see Appendix C) was sent via email to 4,760 traditional BSN students by the NSNA. The study information sheet provided a brief description of the study, eligibility criteria, and the researcher's contact information. The flyer asked potential participants to contact the researcher via email or phone if they were interested in participating in the study. Seventy-seven students responded to the researcher via email or text. The researcher contacted potential participants by email and given further details about the study, screened for eligibility, and had their questions answered. Forty-five students were deemed ineligible because they were not currently enrolled in a nursing program or a traditional BSN program. The investigator interviewed the

remaining 32 students, although the narratives of two students were not included because the students had not experienced faculty incivility personally. For those who met eligibility criteria and were willing to participate, interviews were scheduled at a mutually convenient time.

Data Collection Strategy

The investigator gave participants the option to participate in the interviews over the telephone or via Skype[®], a web-based two-way audio–video communication application. All participants, with one exception, chose to be interviewed over the telephone. The researcher conducted the interviews, which lasted between 20 and 60 minutes, with an average of 50 minutes, from a private office. The investigator obtained verbal consent from each participant at the beginning of each interview. The investigator told all participants they were free to withdraw from the study at any time without penalty and assured participants they had the option to refuse to answer any questions.

The researcher used a semi-structured interview guide (Appendix E) that asked participants to describe (a) what faculty incivility meant to them, (b) incidents of faculty incivility they had experienced, (c) what led up to the incident, (d) where the incident occurred, (e) how they responded to the incident, (f) whether others were involved, (g) how the faculty member responded, and (h) any consequences that evolved over time.

Data Analysis

The researcher conducted content analysis as described by Miles and Huberman (1984) to identify types of faculty incivility reported by participants. The researcher and two committee members read the transcribed interviews in their entirety to get an overall understanding of the participants' experiences. The investigator highlighted and extracted

as text units, which are words, paragraphs, or complete stories relevant to the research aim, all data related to experiences of faculty incivility. She then coded each text unit with a phrase that captured its essential meaning. Two committee members periodically verified the codes.

Through an on-going iterative process of discussion and consensus, the researcher and reviewers compared and contrasted codes and grouped similar codes to form categories. Six preliminary categories were developed. The researcher wrote memos that described the essential features of each category. The author and colleagues then reviewed the codes, the categories, and the memos; through discussion and consensus categories were further refined and labeled with a phrase that reflected each category's essential features. The final analytic product was a typology that represents six different ways in which faculty exhibit incivility toward students from the students' point of view.

Results

Sample

The sample was comprised of 28 women and 2 men. Eighteen were Caucasian, four were Asian/Pacific Islander, three were Hispanic, three were African American, one was West Indian, and one identified as more than one race. The two male participants were Caucasian. Participants ranged in age from 21 to 49 years and resided in 20 different states within the United States. Twenty-nine participants were in their senior year of their BSN program, and one was in the junior year.

Description of Interviews

Most participants freely offered in-depth accounts of incidents of faculty incivility in response to the interview questions, although a few were more reticent and needed

additional probing. Some participants became anxious and/or tearful during the interviews but still provided robust accounts of faculty incivility. A few participants revealed that this was the first time they had shared their stories. While many participants stated that sharing their stories was gratifying, a few indicated that the interview was painful because they had to relive their experience of faculty incivility.

All participants responded to the interviewer's request to share their most memorable experience of faculty incivility, and some discussed one or two additional experiences. Participants described experiences at various points in their nursing program; many described experiences that had happened within their first year of their nursing program, others shared incidents that had occurred shortly before the interview, and others described incidents that were on-going. Regardless of the timing of the incident, all participants provided explicit details of their experiences. The interview transcripts, therefore, provided sufficiently rich data to develop the typology.

The researcher developed a typology (Study Part 1) representing six different types of faculty incivility. The six types of faculty incivility described by the participants were labeled as follows: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations. Table 4 displays the six types of faculty incivility and the number of participants who described each type. Some participants described more than one type. Each type is discussed in detail in the following sections.

Table 4

Typology

Incident Type	Number of participants
Judging or Labeling	11
Impeding Student Progress	8
Picking on Students	7
Putting Students on the Spot	7
Withholding Instruction	7
Forcing Students into No–Win Situations	3

Types of Faculty Incivility

Judging or labeling students. Eleven participants experienced a type of faculty incivility that the author labeled *judging or labeling students*. These participants experienced interactions with a faculty member who made remarks that implied that the participants were incompetent and destined for failure. Some faculty members informed participants they were likely to fail a class, their program, or the licensing exam. A 22-year-old Asian female participant, for example, stated, “[The faculty member] told [the class], ‘If you take the NCLEX, you’re going to fail.’” Faculty members often criticized participants’ study habits, clinical performance, or approach to learning, such as stating or implying that students asked too many questions. This type of incivility was marked by the seemingly mean-spirited nature of the faculty member’s comments. A 22-year-old Asian female participant stated, “We didn’t really have any constructive criticism, it was more, persecutions, ‘you should have done this, this, this.’” In one case, a faculty member disparaged a student for her religious beliefs. The faculty member said, “Although I believe in Christ, please do not talk to me about Him in your emails.” In a few instances, faculty members labeled the participants with pejorative labels such as “learning disabled,” “co-dependent,” or “cheater.” As a result of being judged or labeled,

participants often questioned their abilities as a student and their future as nurses. One 22-year-old Asian female participant described an incident that occurred when her class did poorly on an exam:

After [the faculty member] said that [we were going to fail], I got stressed out. I was wondering if I'm going to pass this. It kind of made me feel like not even about passing the NCLEX [but] more deeply, am I going to be a good nurse? Am I going to be a safe nurse? Can I actually do this? You know, I've gone through all this way, I mean, I've gone through all of this, you know, that means something. But just—I'm almost at the end [of the program] and you're saying I'm going to fail.... I'm afraid that I'm not going to be a good nurse.

Impeding student progress. Eight participants experienced a type of faculty incivility that the researcher labeled *impeding student progress*. These participants experienced interactions with a faculty member who had done something to hinder their advancement in a way that the participants experienced as unfair. Some faculty members gave participants a poor grade or a negative clinical evaluation without providing justification, comments, or explanations. A 21-year-old Caucasian female participant stated, “I was a little bit confused, I didn't really know what was going on and [the faculty members] sat me down and they told me they were going to give me an unsatisfactory.” Without adequate feedback, participants felt they could not improve their performance in order to succeed no matter how hard they tried. A 21-year-old African American female participant stated, “The [clinical] evaluation was not thorough, and so I was not able to improve my clinical practice from that evaluation.” In one instance, faculty members had inexplicably decreased the time students were allowed to complete tests. A 33-year-old Caucasian male participant stated, “[Faculty members] decided that they were going to drop [testing time] to 60 minutes per 50-exam questions. Students were telling me they had been A and B students and now they weren't passing.”

Participants were acutely aware that a faculty member could fail them in a course or dismiss them from their program, and they often felt powerless to prevent this from happening. A 24 year-old Asian female participant stated, “I felt like if I approached [the faculty member] on that matter, she would take note of me, and she would also either put down my grade or write a bad clinical evaluation for me in the end.” As a result, participants were anxious, fearful, and frustrated. One 22 year-old Asian female participant who had been assigned to care for a child despite the parents’ refusal to allow student nurses to care for their child described the following experience:

And afterwards, basically, the instructor asked me, “Oh, did you do assessments?” And I [said], “No, I wasn’t able to because the parent was yelling at me.” And the instructor, instead of barely acknowledging what happened, she [said], “Oh, so, you didn’t do assessments in the end.” And she [said], “Today, you’re not really going to get a satisfactory grade for the day.” So, from that experience, I felt the instructor wouldn’t really listen to students. I was very silent, and I guess I was visibly upset because the CNA, she started talking to me. She [asked me], “Oh, are you okay?” And I [said], “Um, I’m fine, just shaken.”

Picking on students. Seven participants experienced a type of faculty incivility that the investigator labeled *picking on students*. These participants experienced interactions with a faculty member who seemed to single them out for mistreatment. A 21-year-old Asian female participant stated, “As the class would go on, it felt like the professor would pick on the same types of people and instead of mixing it up, it seems like she was targeting the same people.” This type of incivility was marked by on-going disparaging remarks by a faculty member that participants felt were unjustified and directed only at them. These remarks often came when participants struggled with coursework, asked questions, or failed to meet clinical expectations. A 21-year-old Caucasian female participant stated, “I had met with her personally about trying to figure out what I was doing wrong within the class and show that I was really trying and she

was just accusing me of not trying.” Because these participants did not feel others were criticized in the same way, they concluded the faculty member had something against them personally. One 21-year-old Caucasian female participant described the following experience:

I was in my med-surg class, and I also have the same professor for pharmacology, and I felt that my teacher basically put me down and looked at me as if I was stupid every time I asked a question, and it wasn't—it wasn't every student, it was me. I don't know what it was about it, but I felt that she has something against me.

As this type of incivility was enduring, participants experienced helplessness, anxiety, and stress. Because they did not witness this sort of treatment toward other students, these participants often felt alone in their misery. A few participants sought outside counseling to manage their distress. One 47-year-old Hispanic female participant described the following experience:

She hit the table with her fist, and she said, “I don't ever want to see this and I'm going to teach you a painful lesson that you will never forget.” And I didn't really know what that meant, but I felt really intimidated by that remark. And every time I met with her, she always spoke to me in a disrespectful and threatening manner. Because it was affecting my performance in other classes and everything, I started going to counseling.

Putting students on the spot. Seven participants experienced a type of faculty incivility that the investigator labeled *putting students on the spot*. These participants experienced interactions with a faculty member who criticized the participants in front of others. A 22-year-old Caucasian female participant stated, “The nursing instructor actually, in front of the patient, stated ‘No, that's the wrong answer. That's not the side effect for that.’” This type of incivility was marked by the public nature of the criticism. A 23-year-old Caucasian male participant stated, “I did an IV insertion on the patient and [the faculty member] then proceeded to have a mini post-conference with me still in the

room with the patient in the room.” Because the criticism occurred in front of patients, clinical staff, and classmates, the participants felt “attacked” by the faculty member. While participants did not always disagree with the criticism, they wished it had been delivered privately. Participants were also put on the spot when a faculty member questioned them aggressively in front of others either in the classroom or in the clinical setting. A 49-year-old Hispanic female participant stated, “She would put you down when she called on you if your answer wasn’t a hundred percent correct; she would make you feel inferior so that you didn’t want to raise your hand.” These participants were particularly upset when questioned in front of patients and did not believe this was an effective teaching strategy. When put on the spot, participants felt particularly flustered and embarrassed. One 49-year-old Hispanic female participant described the following experience:

So [the faculty member] berated me in front of the other students and during the clinical, for an hour, in front of other staff members, and in front of patients, and in front of guests who came in, continued to put me down and basically tell me that I was cheating and dishonorable and I can’t even think of all the things that she did, so I was literally in tears.

Withholding instruction from students. Seven participants experienced a type of faculty incivility that the researcher labeled *withholding instruction from students*. These participants experienced interactions with a faculty member who did not provide the guidance participants believed they needed. A 21-year-old Caucasian female stated, “We [students] would ask our teacher ‘what do we really need to focus on?’ She would not really give us any answer.” In some instances, participants struggled to carry out a procedure that was new to them in the clinical setting, and a faculty member did not “step in” to help them with the procedure. A 22-year-old Asian female participant stated, “We [students] were asked to do a Situation, Background, Assessment, and Recommendation

(SBAR), and we were never really given guidance or instruction on how to do an SBAR.” In other cases, a faculty member refused to assist participants with a class assignment when they requested help. A 21-year-old Asian female participant stated, “It was like a power struggle trying to get what we needed to know, especially for deadlines that were due that next 24 hours.” Faculty members frequently refused to answer questions, telling participants that they should already know the information or should look it up. As a result of having instruction withheld, the participants experienced disappointment, frustration, self-doubt, and anger. One 22-year-old Asian female participant described the following experience:

So a lot of the students would ask questions and the professor responded back by saying “Google it,” it feels like, as a professor they’re there to teach us or to guide us through nursing school because nursing school is not easy. It just made me feel stupid. Oh, “Google it.” It’s on the Internet, you should just do it yourself.

Forcing students into no-win situations. Three participants experienced a type of faculty incivility that the researcher labeled *forcing students into no-win situations*. These participants experienced interactions with a faculty member who required them to manage a situation in which they felt they were destined to fail. Some participants were forced to work with patients who had specifically requested not to have a student nurse. A 24-year-old Asian female participant stated, “I was assigned to a patient whose parents didn’t want students at all and the instructor still told me to go into the room.” One participant was forced to work with a nurse who was known to be explosive. This 48-year-old Caucasian female participant stated, “So [the faculty] clearly knew this was a problem...yet [the faculty] didn’t do anything.” One participant felt she was put in an impossible situation because she was asked to “call a code” on a patient after becoming emotionally distraught. The 22-year-old Caucasian female participant stated, “I was

standing outside the patient's room crying because I was scared and my faculty came up to me and said, 'What are you doing? That's your patient. Get in there.'" After insisting participants handle these difficult situations, the faculty members often failed to provide the support or supervision that would help the participants cope with and manage the situation. The 22-year-old Caucasian female participant who was asked to "call the code" describes the following experience:

So I was sitting there just watching everything happen in the room and my professor, you know, asked me. She comes over and she asked, "Why are you crying?" I answered, "I'm just really scared and I feel bad." And so she just was in no way trying to comfort me and was almost mad at me and I think she feels like the code was my fault.

Discussion

Thirty BSN students described a variety of types of incidents in which they believed a faculty member had been uncivil toward them. From the participant narratives, the researcher identified six types of faculty incivility: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations.

The findings of this study support and extend the findings of prior qualitative studies that explored faculty incivility. Reminiscent of this study's incident type of *putting students on the spot*, Altmiller (2012) found that nursing students were particularly sensitive to being scolded in the presence of peers, staff nurses, or patients. These students feared speaking up or questioning faculty members who expressed anger toward or engaged in retaliation against the students (Altmiller, 2012). Similarly, Lasiter and colleagues' (2012) category *in front of someone* was consistent with this study's incident type of *judging or labeling students*. Several of the uncivil behaviors identified by Clark and colleagues (Clark, 2008c; Clark et al., 2012) would fit well into this study's

typology. These behaviors included making demeaning and belittling remarks (*judging and labeling*), treating students unfairly or subjectively (*picking on students*), pressuring students to conform, using poor teaching methods (*withholding instruction*), changing course requirements without notice (*impeding student progress*), and teaching styles that challenge students to adjust (*impeding student progress*).

This study's findings expand existing knowledge of faculty incivility by providing in-depth descriptions of types of faculty incivility as well providing real-world examples of how these behaviors occur in the learning environment and clinical setting. A few of the types of uncivil behaviors identified have yet to be discussed in detail in the literature. For example, few studies discussed the experience of students being put in no-win situations or being specifically targeted for maltreatment. This study also advances prior work in this area but identifies specific student reactions that were associated with specific types of incivility. *Being judged or labeled*, for example, was particularly likely to cause students to question their abilities as nurses, whereas *being picked on* was particularly likely to cause students to feel helpless because they felt there was little they could do to stop the mistreatment. This typology suggests that the nuances of different types of incivility need to be further explored because not all actions seem to influence students in the same way.

Limitations

The findings should be understood in the context of the limitations of this study. One substantial limitation is that findings are derived from students' perspectives only; faculty or administrators' narratives were not obtained. Because faculty incivility is an interactional process, and because it is natural for persons to present their "side" of these

interactions in a positive light, student contributions to the incivility were likely minimized. In addition, the sample included only two males and, therefore, any gender differences in perceptions of faculty incivility could not be explored. Finally, the sample was comprised of only traditional BSN students who were members of the NSNA, whose focus is providing educational resources, leadership opportunities, and career guidance to its members. This sample, therefore, might have included students with particularly high expectations of faculty performance and increased sensitivity to the rights of nursing students who might have considered incidents to be uncivil that other students might not have considered to be such. The sampling strategy also eliminated students who left nursing school as a result of faculty incivility, and thus, the most egregious types of faculty incivility (e.g., sexual harassment, racial bias) might not be included.

Future Directions

In order to further explore the scope and nuances of faculty incivility, a study is needed that explores incidents of faculty incivility from the perspectives of students, faculty, and administrators—optimally all describing the same incident from their individual perspectives. Ethnographic studies that include observation of faculty and student interactions would be needed to fully explore the interactional nature of faculty incivility. Studies that explore types of faculty incivility in populations other than traditional BSN programs and that are demographically diverse could compare and contrast incidents of incivility across program types and among different groups of students.

Implications for Nursing Education

Faculty members and administrators could use the typology of incidents of faculty incivility to discuss and evaluate their own behaviors. This qualitative description of students' experiences of faculty incivility from their perspectives could benefit faculty members and administrators by enhancing understanding of how these behaviors affect students. Results of this study also indicate the need to better prepare faculty for the educator role including, but not limited to, effective communication, principles of teaching/learning, and best practices in pedagogy. Adequate preparation of faculty has potential to decrease the risk of incivility and alter students' perceptions of faculty behaviors. Faculty who are skilled at giving respectful and constructive feedback, evaluating student performance objectively, and implementing evidence-based pedagogical principles in courses and interactions may be at a clear advantage compared to those without such skills. This typology could also be used to guide discussions related to detecting, assessing, and preventing incivility in nursing education.

Conclusion

The typology developed for this study suggests that faculty incivility as viewed by students occurs in a variety of ways, each of which is associated with particular types of student responses. The findings of this study expand our knowledge of faculty incivility and its impact on traditional BSN students. Understanding common types of faculty incivility can help faculty reflect on their own practices, and the typology can serve as a springboard for discussions about ways to recognize, rectify, and address faculty incivility. The following chapter further describes the results of the study's research and includes an explanatory framework.

CHAPTER 4

This chapter presents an explanatory theoretical framework depicting a process by which faculty incivility unfolds over time (Holtz, Rawl, Burke Draucker, 206b). Faculty incivility toward nursing students is a serious and emergent issue in nursing education. Faculty incivility includes a range of negative behaviors that are rude, disrespectful, or dismissive (Clark, 2008a; Lasiter et al., 2012; Luparell, 2011). Although student incivility in the classroom has been the major focus of much research (Clark, 2008c; Marchiondo et al., 2010), faculty incivility toward nursing students also is known to be a prevalent problem. Two recent studies of faculty incivility, for example, revealed that 88% of nursing students had experienced one or more incidents of faculty incivility (Clarke et al., 2012; Marchiondo et al., 2010).

Several studies using surveys and focus groups to query students have identified the types of behaviors they believe constitute faculty incivility. These behaviors include using poor teaching methods, belittling students, criticizing students in front of others, and talking negatively about students to others (Altmiller, 2012; Clark, 2008c; Clark & Springer, 2007b; Lasiter et al., 2012).

A few studies have examined aspects of the process of faculty incivility including what leads to the incivility. Clark, for example, in a survey study of 289 faculty and students found that student characteristics of assuming a *consumer* mentality and entitlement contributed to faculty incivility (2008c). In this study, Clark also identified several faculty factors that contributed to faculty incivility including faculty stress from demanding workloads and high turnover of faculty in nursing programs (Clark, 2008c). Other studies have identified how students respond to faculty incivility. In a phenomenological study of seven current and former nursing students, Clark (2008a)

reported that students who experienced faculty incivility felt traumatized, helpless, powerless, angry, and upset. In a phenomenological study of 13 associate degree nursing students, Del Prato (2013) identified that faculty incivility often interferes with student learning and affects students' self-esteem, self-efficacy, and confidence. Furthermore, Marchiondo and colleagues (2010) conducted a survey with 152 nursing students that identified talking with peers and putting up with the incivility as the most common coping strategies used by students who experienced faculty incivility. This study also revealed faculty incivility decreased program satisfaction (Marchiondo et al., 2010).

No studies provided an in-depth description from students' perspectives of how incidents of faculty incivility unfold over time. The purpose of this study was to generate a theoretical framework that reflects the process of faculty incivility as experienced by students enrolled in traditional BSN programs. The study was conducted in two parts. For Study Part 1, the researcher developed a typology that identified six different types of faculty incivility. The typology, previously described in detail (see Chapter 3), is summarized briefly in the following sections. For Study Part 2, the researcher incorporated the typology into a theoretical framework that depicts how faculty incivility unfolds over time. The findings from Study Part 2 are reported in detail in this chapter.

Methods

Design

Grounded theory methods as described by Charmaz (2014) guided this portion of the study. Grounded theory methods consist of systematic yet flexible procedures for constructing theories rooted in empirical data (Charmaz, 2014; Glaser & Strauss, 1967). Symbolic interactionism, which provides a philosophical basis for grounded theory,

posits that humans' actions toward objects are contingent upon the meanings they attribute to those objects. The meanings of such objects derive from social interactions with others and are refined and modified through interpretive processes (Blumer, 1969; Charmaz, 2014). Grounded theory methods are based on an inductive process that begins with the collection of data related to a phenomenon of interest and ends with a generated explanatory theoretical framework of how that phenomenon unfolds over time (Charmaz, 2014; Glaser & Strauss, 1967). Because faculty incivility is best understood as a series of social interactions that occur among students, faculty, and others that evolve over time and are shaped by the social context of the nursing programs in which they occur, the researcher determined that grounded theory was the most applicable approach to meet the study aims. Institutional review board approval was obtained from Indiana University–Purdue University Indianapolis (Appendix A).

Sample and Setting

Participants are selected purposefully for grounded theory studies because they have knowledge or experience of the phenomenon being studied. Therefore, the sample for this study consisted of traditional BSN students who had experienced faculty incivility. Students were eligible if they: (a) were enrolled currently in a traditional BSN program, (b) were members of the NSNA, and (c) had experienced faculty incivility as they defined it. Although all students enrolled in nursing programs can experience faculty incivility, the investigator chose the BSN student population because she believes these students may differ from students attending other types of nursing programs (i.e., associate degree, second-degree, or accelerated programs) in ways that may affect their perceptions of faculty incivility (Korvick et al., 2008). For example, students in other

programs are often older and have different academic capabilities and more life experience. The investigator recruited participants from the NSNA because it could yield a geographically diverse, national sample traditional BSN students rather than a sample drawn from a limited number of institutions in a smaller geographic area. This ensured that the narratives regarding faculty incivility would not be subject to the particularities of one or a few institutions (e.g., multiple stories of one faculty member thought to be particularly uncivil).

Experts have suggested that 30 to 50 participants are typically sufficient to identify a psychosocial process in a fairly homogeneous sample (Charmaz, 2014; Morse, 2000). The final sample of 30 participants, several of whom described more than one experience of faculty incivility, provided sufficient data to develop the framework.

Recruitment

A study information sheet (see Appendix C) was sent via email to 4,760 members of the NSNA by the NSNA advisory board. The study information sheet described the study's purpose, identified eligibility criteria, and provided contact information for the investigator whom potential participants were asked to contact if they were interested in the study. Seventy-seven students who contacted the investigator by phone or email to express interest in the study were screened for eligibility. Forty-five potential participants were considered ineligible because they were not currently enrolled in a traditional BSN program (some had already graduated or were currently enrolled in accelerated or non-traditional, rather than traditional BSN programs). Thirty-two students were interviewed for this study, although the researcher excluded data from two interviews

from analysis after she determined that those participants had witnessed faculty incivility but did not experience it personally.

Data Collection

Interviews occurred by phone ($n = 29$) or Skype[®] video conferencing ($n = 1$) based on participant preference. The researcher conducted all interviews from a private office. Interviews lasted between 20 and 60 minutes, with an average of 50 minutes. The investigator developed a semi-structured interview guide (see Appendix E) to guide the interviews. The researcher first asked each participant what the term *faculty incivility* meant to him/her. The interviewer then asked each participant to describe her/his most memorable incident of faculty incivility including what happened before, during, and after the incident. Next, the interviewer asked participants whether other persons were involved in the incident, how they responded to the incident, how the uncivil faculty member handled the participants' responses, and about the consequences of the incivility. The investigator encouraged participants to tell the story of how incidents unfolded and occasionally prompted them to provide additional details about their experience. The researcher audio-recorded then transcribed the interviews verbatim.

Data Analysis

Data collection and analysis occurred simultaneously. The investigator read the transcripts in their entirety after the interviews were completed to get a sense of the narratives as a whole. The use of constant comparison techniques, an analytic strategy in which new data are continually compared with existing data and emerging theoretical constructs (Charmaz, 2014; Glaser & Strauss, 1967), was the overarching analytic strategy. As previously mentioned, this study was completed in two parts. In Study Part

1, content analytic procedures as described by Miles & Huberman (1984) were used to develop a typology that described the various types of faculty incivility. The typology was previously described in greater detail in Chapter 3. Because it is an integral part of the theoretical framework developed for Study Part 2, the following section briefly describes it.

For Study Part 2, the investigator developed a theoretical framework that depicts how faculty incivility unfolds over time. The four coding stages as described by Charmaz (2014) were used to develop the theoretical framework. The first stage is initial coding, which is a close examination of the data and assignment of codes to text units (e.g., relevant incidents, facts). A code is a label that summarizes the essence of each text unit. The second stage is focus coding, which is an examination of the initial codes for the presence of recurrent codes and the grouping of these codes into categories. The researcher conducted initial and focused coding on the transcripts, and her codes and categories were verified by the other researchers on the dissertation committee. The third stage is axial coding, which is a return to the data to specify the properties and dimensions of categories as well as to identify any subcategories. The final stage is theoretical coding, which is a process of integrating focused codes by introducing theoretical codes that conceptualize how the substantive codes relate to one another (Charmaz, 2014). Axial and theoretical coding were accomplished through discussion and consensus of the researcher and the dissertation committee. The researcher wrote a narrative description of all categories, sub-categories, and the proposed relationships among them. Through an iterative process of reexamining the transcripts and the

evolving constructs, a theoretical framework that reflected how faculty incivility unfolds over time was developed.

Results

Sample

The sample was comprised of 28 women and 2 men who ranged in age from 21 to 49 years. Participants attended universities in 20 different states in the United States. Eighteen were Caucasian, four were Asian/Pacific Islander, three were African American, three were Hispanic, one was West Indian, and one identified as more than one race. Both male participants were Caucasian. During the time of the interviews, 29 participants were in their senior year and one was in the junior year.

Description of the Interviews

Most participants readily provided rich accounts of the incidents of faculty incivility that they had experienced. A few were reserved and required some probing to provide detailed information, and others became anxious during the interviews but completed them nonetheless. Many participants indicated that sharing their stories was rewarding, and a few reported that this was the first time they had recounted the experiences. A few participants became tearful at times and revealed that the interview was difficult because it caused them to relive painful incidents of faculty incivility.

The interviewer began the interviews by asking participants to describe their most memorable experience of faculty incivility. At the interviewer's invitation, some participants described one or two additional experiences of faculty incivility. Many of the incidents occurred in the first year of the participants' programs, whereas others were

scattered throughout the remaining years of nursing school. Some incidents occurred within weeks or days preceding the interview.

Study Part 1: Types of Faculty Incivility

For Study Part 1, the investigator developed a typology that delineated six different types of faculty incivility as viewed by the participants (see Chapter 3). The six types of faculty incivility were labeled: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations. Table 5 summarizes the typology of faculty incivility based on student perspectives, which includes a description of each type of faculty incivility that was identified, the most common student response to that particular type of incivility, and an example of each type of incivility as described by the participants.

Table 5

Study Part 1: A Typology of Faculty Incivility Based on Student Perspectives

Incident Type	Description of Event Types	Common Response	Example
Judging or Labeling	Interactions with a faculty member who made remarks that implied that the participants were incompetent and destined for failure	Self-doubt	Participant described an incident with a faculty member who told the participant she was going to fail her licensing exam.

Table continues

Impeding Student Progress	Interactions with a faculty member who had done something to hinder participants' advancement in a way that they experienced as unfair	Frustration	Participant described an incident with a faculty member who gave her a clinical evaluation of "unsatisfactory" without any explanation that justified the failure.
Picking on Students	Interactions with a faculty member who seemed to single students out for mistreatment	Helplessness	Participant described incidents with a faculty member who consistently "picked on" certain students including the participant.
Putting Students on the Spot	Interactions with a faculty member who criticized students in front of others	Embarrassment	Participant described incidents with a faculty member who berated the participant in front of other students, staff members, and patients.
Withholding Instruction	Interactions with a faculty member who did not provide guidance students believed they needed	Disappointment	Participant described incidents with a faculty member who often refused to answer her questions telling her instead to "Google it."
Forcing students into no-win situations	Interactions with a faculty member who required participants to manage a situation in which they felt destined to fail	Unsupported	Participant described an incident with a faculty member in which the participant was assigned to a patient whose parents had expressly indicated that they did not want a student assigned to their child. Despite the family's request, the student was assigned to the patient to the family's displeasure.

Study Part 2: Theoretical Framework of the Process of Faculty Incivility

Once the typology was developed, the researcher generated a theoretical framework that depicts the process by which faculty incivility unfolds over time. The

framework delineates characteristics that students and faculty exhibited prior to incidents of faculty incivility and a three-stage process that reflects the unfolding of the experience of faculty incivility from students' points of view. The investigator labeled the stages as: Stage 1: experiencing incidents of faculty incivility; Stage 2: using strategies to deal with incidents of faculty incivility; and Stage 3: suffering lingering consequences of faculty incivility. The characteristics and stages are depicted in Figure 2 and described in the following section. The description of the stage of experiencing faculty incivility is drawn from the typology developed in Study Part 1.

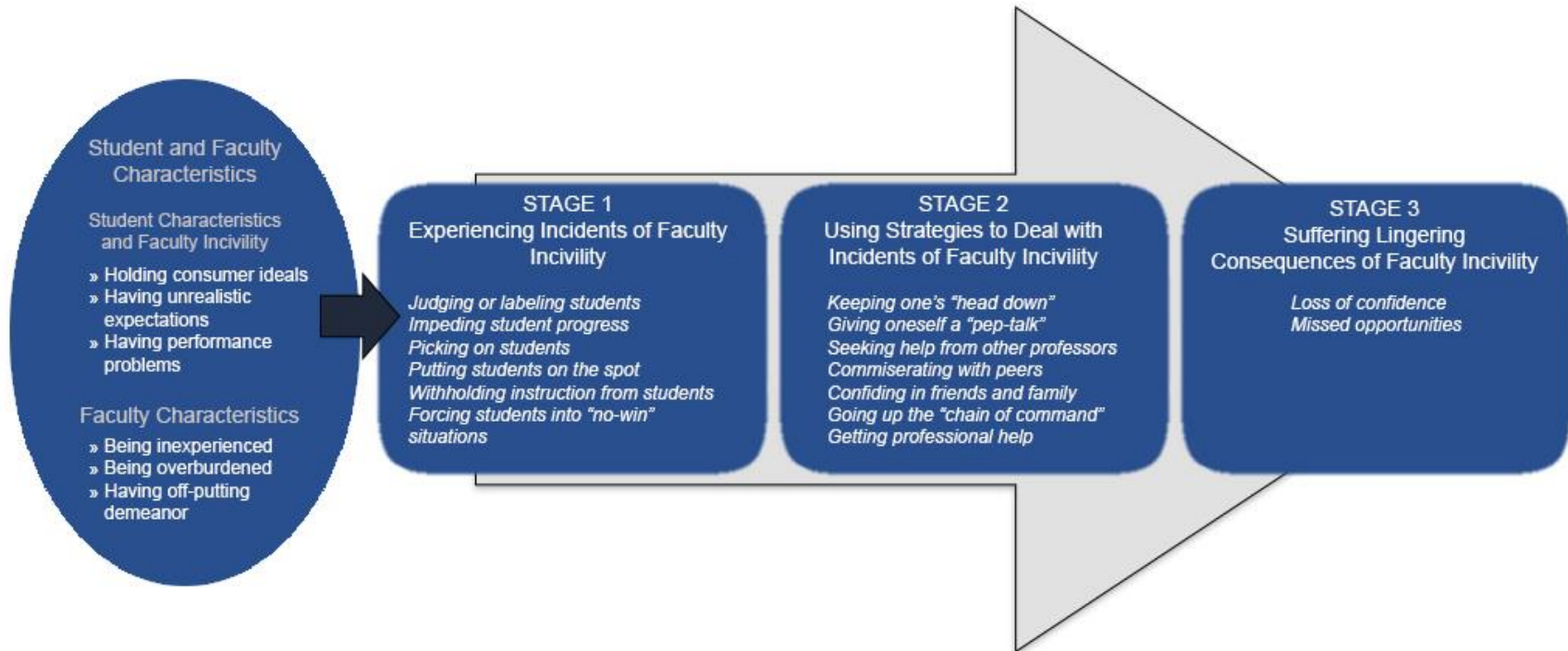


Figure 2. Theoretical framework: “The Process by Which Faculty Incivility Unfolds for Students in BSN Programs.”

The theoretical framework is a conceptual rendering of a typical trajectory of incidents of faculty incivility, and it should be noted that not all participants experienced all stages in this particular sequence; some only experienced only one or two of the stages; some experienced two stages simultaneously; some returned to earlier stages when faced with another experience of incivility by a faculty member. Despite these variations, the findings indicate that the process of faculty incivility unfolds over time through discernible stages with common elements.

Student and Faculty Characteristics

Participants described student and faculty characteristics that set the stage for faculty incivility. These characteristics included attitudes and behavioral patterns that may have been precursors or contributed to faculty incivility. While participants were understandably more likely to describe negative faculty characteristics, they also provided insight into their own characteristics that may have been precursors or contributed to incidents of faculty incivility.

Student characteristics and faculty incivility. Participants revealed three student characteristics that served as the context for faculty incivility. The investigator labeled these characteristics holding consumer ideals, having unrealistic expectations, and having performance problems.

Holding consumer ideals. The researcher labeled the first characteristic as *holding consumer ideals* because several participants viewed themselves as consumers who were *purchasing* an education and therefore believed that faculty should ensure a return on this *investment*. A 21-year-old Asian female participant stated, “So I think really the knowledge that we should have, we don’t, and that’s frustrating because we’re

paying for the best education and we expect to get the most out of it.” Because some participants viewed nursing school as a *commodity* that they had purchased, they were particularly sensitive to interactions with faculty members wherein they felt that they did not “get their money’s worth.” A 23-year-old Caucasian female participant stated, “If you’re the instructor, one, your job is that we are paying you to teach us, and two, you can say it in such a better way than acting irritated or [say,] ‘You need to be adult enough to go figure this out yourself.’” These participants were particularly likely to feel “cheated” if their experiences in nursing school were not consistent with how much they paid for their education. One 49-year-old Hispanic female participant expressed the following view:

I’m spending \$33,000 a year, which for some schools is cheap. I know. But for me that was a tremendous expense, and it has taken me my whole life to get to a point that I could afford to go back to school and actually get a college education in a degree that I have always wanted. And then to have somebody, at this point in your life, be able to have the power to destroy your future, literally, is extremely intimidating.

Having unrealistic expectations. The investigator labeled the second characteristic set as *having unrealistic expectations* because several participants entered their nursing programs with expectations that were naïve or unfeasible. A 22-year-old Asian female participant stated, “We have one teacher who just seems very unfair to our class because she would have essay questions on her test and she would use subjective grading.” Some participants expected all faculty members to be warm and supportive because nursing was a *caring* profession and thus were distressed when they found that faculty members did not attend to the participants’ personal experiences or their feelings. Others expected faculty to provide information rather than engage the students in an active learning process. A 21-year-old Asian female participant stated, “[When] the

faculty member stated, ‘I am not here to lecture, we are here to discuss’ that agitated me because it’s a lecture class and I need to be here and get lectured.” Several participants expected faculty members to treat them differently than other students because the participants were older or more experienced, and some felt that even basic expectations such as completing required paperwork were unreasonable. One 48-year-old Caucasian female participant describe an incident in which her classmates had the unrealistic expectation that a faculty member would change her teaching practices at their request:

So it is a very high-stakes class. So people seem to take that in two ways. I figured, clearly, I need to study more differently, so I worked on studying differently. There were a number of students who ended up participating in something which was, as far as I’m concerned, equally uncivil. So there began an email campaign because there were a number of students who wanted to send the teacher a group email and convince her to change her teaching style. I chose not to participate because based on my personal life experience, and the fact that I am not 22, I’m very clear I can’t change somebody else’s behavior.

Having performance problems. The researcher labeled the third characteristic as *having performance problems* because participants who did not perform well either in clinical or in the classroom seemed especially prone to experience incidents of faculty incivility. A 28-year-old Hispanic female participant stated, “I didn’t pass the class so I had to re-apply to the program. After being granted a second chance to retake it, I felt not passing the second time was something out of my control.” Prior to many incidents of incivility, participants had come to class unprepared, had been unable to answer basic questions posed by faculty, had made serious clinical errors, or had failed to ask faculty for guidance when needed. A 21-year-old African American female stated, “I was in clinical and I didn’t know an answer to one of the questions that my instructor was asking me about a medication, the instructor was very disappointed and was upset.” Several students experienced faculty incivility upon failing a class or being judged to have

unsatisfactory performance. One 21-year-old African American female participant described the following experience:

So, my instructor and I are talking about a medication and I was providing my answers. I've already researched about it, but there was just some missing component on one of the questions that he was asking me. And he started, like, raising his voice at that time to get the answers from me, and that was unhelpful for me.

Faculty characteristics leading to faculty incivility. Participants described three faculty characteristics that may have served as precursors of faculty incivility. The investigator labeled these characteristics being inexperienced, being overburdened, and having an off-putting demeanor.

Being inexperienced. The investigator labeled the first characteristic as *being inexperienced* because faculty who were new teachers seemed especially likely to be perceived by participants as uncivil. A 22-year-old Caucasian female participant stated, "We had a new professor; he was doing lectures and he was just so wrong and he would tell the wrong information." Many new faculty struggled with the teaching role, and some did not return to teaching after the semester in which the incivility occurred. A 24-year-old Caucasian female participant stated, "So we had a new psych instructor and a lot of the students were doing bad in her class. She only taught the psych class twice and then our school fired her." Some faculty demonstrated frustration when they could not clearly explain content to students or were unable to answer their questions and thus "took it out on" the participants. A 48-year-old Caucasian female participant stated, "She was new to teaching and what basically happened was the first test went out and the average was a 70. Her response was 'You all just suck at studying' and that didn't go over very well." Other faculty members who were seen as uncivil were new to the participants' institutions and had expectations of students that were not consistent with

the institutions' established practices. One 24-year-old Caucasian female participant described the following experience:

So, [the new psych faculty member] came to our school. And her material she was teaching the psych class during our sophomore year, during class, she admitted that the layout of the material was that of a senior—last semester senior student that she would typically be teaching at a previous college.

Being overburdened. The investigator labeled the second characteristic as *being overburdened* because many faculty members who were perceived as uncivil also were perceived as overloaded and stressed. A 33-year-old Caucasian male participant stated, “There has been a lot of pressure put on the faculty. The teacher was presenting these new changes while the [department] chair sat in the classroom watching. Since then, our experiences with that teacher have gone downhill.” Some faculty members lost their tempers with participants and they seemed overwhelmed with responsibilities. A 22-year-old Caucasian female participant stated, “So when I approached her by myself, she tries to explain why she acted that way. She said she was having a hard day as well.” Participants suggested that the nursing faculty shortage contributed to faculty incivility; faculty members were ineffective or short-tempered because circumstances required them to teach too many students or to teach content or in settings for which they were not well prepared. One 24-year-old Asian female participant described the following experience:

So her behavior continued throughout the semester. And we tried complaining to the director about it. And he was saying because there's limited staff that we had to endure it. And if we really want our voices to be heard, it would be through evaluation.

Having off-putting demeanor. The investigator labeled the third characteristic as *having off-putting demeanor* because several participants viewed faculty members as intimidating or unapproachable *from the beginning*. A 21-year-old West Indian female

participant stated, “I remember the first day of nursing school in genetics class—straight off, [the faculty member said,] ‘I don’t teach sophomores; I teach seniors.’ She didn’t look forward to teaching us at all because we were sophomores.” Even before incidents of incivility occurred, participants viewed the faculty members as disrespectful, hostile, or rigid. A 23-year-old Caucasian male participant stated, “It was extremely uncomfortable starting from day one. Many of [the faculty member’s] comments were extremely passive-aggressive.” Participants were “put off” by some faculty members’ personalities and attitudes. This this seemed to set the stage for interactions that became aversive. One 47-year-old Hispanic female participant described the following experience:

I met regularly with my teacher to get information and clarification. Since the very beginning or on the first time I met with her I felt that she was very disrespectful. And every time I met with her she always spoke to me in a disrespectful and threatening manner. I felt threatened.

These faculty characteristics set the stage for a subsequent process of faculty incivility. Participants experienced incidents of faculty incivility, used a number of strategies to attempt to deal with the incivility, and, at times, endured negative consequences as a result of the incivility.

Stage 1: Experiencing Incidents of Faculty Incivility

These student and faculty characteristics created fertile ground for incidents of faculty incivility. As indicated previously, the participants’ experienced six types of faculty incivility (see Chapter 3). The description of each type of incivility, a common student response, and an example of each type are depicted in Table 5. The incidents occurred in the learning environment, in the clinical setting, via email, or in private meetings. Some incidents of faculty incivility seemed relatively mild, such as telling the

participants to “Google” a question rather than provide a direct answer, whereas others seemed particularly toxic, such as berating participants in front of patients until the participants “fell apart” and could no longer take care of patients. In some instances, the incidents of faculty incivility occurred toward a group of students, such as an entire class, whereas in other instances the interactions were primarily between a participant and a particular faculty member. In some cases, interactions were singular occurrences whereas in other instances the interactions were repeated over time. Regardless of the type of incivility, participants felt all incidents of faculty incivility were aversive because students were being disrespected, singled out, or thwarted in their progress or learning. These incidents provoked feelings of disappointment, self-doubt, frustration, helplessness, and embarrassment.

Stage 2: Using Strategies to Deal with Incidents of Faculty Incivility

During the incidents or in the aftermath, participants used a variety of strategies to manage, cope with, or overcome the experience of faculty incivility. The investigator identified seven such strategies: keeping one’s head down, giving oneself a pep-talk, seeking help from other professors, commiserating with peers, confiding in friends and family, going up the chain of command, and getting professional help.

Keeping one’s head down. Some participants developed personal strategies to cope with incidents of incivility. Several participants dealt with incidents of faculty incivility by remaining silent and trying to avoid additional incidents. They were fearful that if they discussed the incivility, the faculty member would lower their grade or fail them from the program. A 22-year-old Pacific Islander female participant stated, “I chose to be quiet and not say anything and not feed the fire. It could reflect on how our

professors may grade us, just perceive us, and how they speak about us to our future employers.” Many participants actively avoided faculty members who were uncivil. A 26-year-old self-identified multiracial female stated, “After I had the meeting with [the faculty member] in the office, I just kind of kept my head down and finished her class. I avoided her at all cost.” Some participants who had been treated uncivilly felt it was best to disregard it so they could pass the course and move forward. A 22-year-old African American female participant stated, “I didn’t do anything about it; I wanted to keep it professional; I just let it go.” Several participants withdrew, not asking questions or interacting with the faculty member any more than they needed to in order to prevent further uncivil episodes. One 21-year-old African American female participant described the experience as definitely impacting her “relationship with the instructor.” She stated, “There is always going to be a distance with my instructor and my unwillingness to ask that instructor for things or questions because it would just be awkward.”

Giving oneself a pep talk. Another strategy many participants used to manage incidents of faculty incivility was by shoring themselves up with positive self-talk. A 21-year-old Caucasian female participant stated, “I just keep trying to convince myself that it’s just school or I tell myself this is something I am going to get through and I am going to be stronger as a result.” Some participants believed that positive thoughts could enable them to move forward and not hold a grudge or feel bitter. A 22-year-old Asian female participant stated, “But I found out my score yesterday and I passed and I gave a pep talk to myself and I would say, ‘My grades don’t determine how well [*sic*] of a nurse I am.’”

Seeking help from other professors. Several participants relied on others for assistance. Some sought help from professors other than those who had been uncivil toward them because they could not “face” the offending faculty members. A 22-year-old Caucasian female participant stated, “I didn’t really want much to do with [the faculty member who was uncivil], so I sought help elsewhere by going to other teachers.” A few participants consulted the other professors to get specific help getting questions answered or completing difficult assignments. A 22-year-old Caucasian female participant stated that she visited a psychology teacher and “sought help to break down the different components and to be able to tell one article from another. I also went to a stats teacher to help me read statistical evidence.” Some participants went to other professors for support or solace. A 22-year-old Caucasian female participant stated, “I talked with members of my research program, their faculty [are] housed outside of nursing, and they advocated for me.” A few had one professor in particular that they went to because they knew the professor was caring and empathic. One 24-year-old Caucasian female participant shared the following strategy:

The rest of the semester I went to other professors. One in particular who’s really caring and she’s actually there for the students and not just to make money. So, I would be meeting up with her whenever I would have questions.

Commiserating with peers. Another strategy participants used was seeking support from peers. Many participants sought sympathy from classmates by discussing incidents of faculty incivility with one another. In some cases, groups of students would meet to complain about a faculty member with whom they all had negative experiences. Participants often would hold “pow-wows” with other students following class to rehash

what happened in the class and to console each other. A 22-year-old Asian female participant shared the following strategy:

We don't really ask questions anymore. We all keep quiet until we would talk after class about it and say, "Hey, I can't believe she said that. What do we do about it?" And pretty much nothing, we didn't really do much about it.

Some participants emphasized the importance of the camaraderie that exists within a nursing cohort when dealing with faculty incivility. A 22-year-old Caucasian female participant stated, "Although sometimes you have some not so good faculty, you have an unbelievable camaraderie with your cohort. So you can use that community as like a support system when you are having issues with professors." In other cases, participants confided in friends privately. These friends would offer help and encouragement to the participants. A 49-year-old Hispanic female participant stated, "I had friends who were supporting me at school that had heard and even witnessed some of what had gone on and they came to me and were lifting me up and I got through the term." A few participants and their classmates complained about faculty members on social media. One 22-year-old Caucasian female participant shared the following strategy:

Well, it's the usual. We start class again and there's usually a lot of students who voice their opinion on social media, indirectly, talking about her saying it's so disrespectful, so degrading, how could she get the job that she has now.

Confiding in friends and family. Some participants found comfort from family and friends outside the nursing program. These participants found having an outside perspective to be helpful in coping with incidents of faculty incivility. A 22-year-old Caucasian female stated, "It wasn't until that evening that I went home and talked to people who said 'We know you don't have a problem.' So, getting that outside perspective was really helpful." Some friends and family provided advice. A 24-year-old

Caucasian female stated, “I talked with my boyfriend about it and he would always say to me ‘When you go to class, you need to just shut down.’” Most participants found that sharing their experiences with family members was invaluable. A 22-year-old Caucasian female participant shared the following strategy:

I talked with my sister and members of faculty housed outside of nursing. They advocated for me in this situation. If not for them, I might have had a different outcome in terms of my willingness to stay in the program.

Going up the chain of command. Although personal strategies and seeking support from others was often beneficial when the incivility continued or escalated, many participants decided to report the incidents to those in authority. Several participants reported incidents of faculty incivility by meeting with the dean or director of the nursing program, either alone or in groups. Several referred to this as *following the chain of command*. In most cases, this strategy did not have satisfying results for participants. A 24-year-old Caucasian female participant stated, “So when we brought [the faculty member] up to the dean, she said, ‘I don’t know what to tell you, but this is the only psych instructor available.’” A few participants, however, felt those in authority tried to rectify the problem. A 22-year-old Caucasian female participant stated, “So we brought [the faculty member] up to the dean and the instructor was then removed from running the simulation lab.” Others relied on anonymous evaluations as the avenue to report incidents of faculty incivility to those higher in the chain of command. A 21-year-old Asian female participant stated, “People in our class wrote a page-long review of everything that we felt about the class to the point that we came back in the spring and the dean intervened.” In one situation, a 33-year-old Caucasian male participant went “above the heads” of administrators in his school of nursing by going to university

administrators. He stated that the faculty members and chair “continued to say this is how it’s going to be. Since then we’ve taken things up to the dean and to vice chancellors and have a meeting coming up actually tomorrow with the provost.” Not feeling heard when going up the chain of command was particularly troublesome to participants. One 32-year-old Caucasian female participant shared her experience:

I think the saddest part of it is that it has been brought up to people in our program, our dean, associate dean, and even in the next semester we brought it up again. It has been brought up in written form and verbal and no one seems to care and nothing has been done.

Getting professional help. A few participants were so distressed by faculty incivility they sought counseling to help cope with stress and anxiety, sometimes on their own and sometimes at the recommendation of deans or directors in their schools of nursing. A 21-year-old Caucasian female participant stated, “The director was telling me that I was not strong enough and that I need help to learn how to deal with this, so I started counseling.” A few chose to go to counseling because they believed their grades were affected by the incivility and they feared failing classes. One 47-year-old Hispanic female participant described the following strategy:

Later on, because it was affecting my performance in other classes and everything, I started going to counseling. And I recognized that it was not right, so I went ahead and reported the incident to our director. She said, “No, that’s not normal. That’s not the way we should speak to each other.” And it was very unpleasant. It affected my performance.

Stage 3: Suffering Lingering Consequences of Faculty Incivility

While a variety of strategies helped participants cope with and, in many cases, move beyond incidents of faculty incivility, several continued to experience negative outcomes from their experiences. While participants’ immediate responses to faculty incivility (e.g., feelings of self-doubt, frustration, helplessness, embarrassment,

disappointment) were connected to certain types of faculty incivility (see Table 5), the researcher identified two lingering consequences of faculty incivility: *loss of confidence* and *missed opportunities*. These consequences lasted well beyond the particular incident(s) of faculty incivility, affected participants' subsequent experiences in nursing school, and resulted in potential lasting effects on their career trajectories.

Loss of confidence. The most prominent lingering consequence of faculty incivility was participants' loss of confidence in their professional skills and abilities. Although many were insecure in their interactions with the particular faculty member who had been uncivil, others became insecure in other situations as well; for some, this lack of self-confidence extended throughout their nursing program. A 22-year-old Pacific Islander female participant stated, "I went through the whole semester almost giving up. It was the second to my last semester in the nursing program, and it made me not want to move on. I felt less of a person." One 23-year-old Caucasian male participant stated that after an incident of faculty incivility "all the wind left my sails."

Even after the incivility ceased, many participants continued to question their own competencies. A 22-year-old Caucasian female participant stated, "And then you question everything that you want to tell your patient, but you told other patients the same thing. You know it is correct, but you feel it's not because after that situation, it just made you feel anything you do is wrong." Some questioned whether they were a "good fit" for the nursing profession. A 21-year-old African American female participant stated, "Maybe I am not good at this. Is this the major I should be doing? It made me question if I am supposed to be a nurse and my overall views of nursing. Is this the way nursing is?"

Missed opportunities. Some participants experienced missed opportunities as a lingering consequence of faculty incivility. A number of participants missed learning opportunities because they shied from interactions with an uncivil faculty member. A 21-year-old Asian female participant stated, “I felt less welcome to ask her certain questions or even approach [the faculty member]. I think that definitely prohibited my learning and put limits on as much as I wanted to learn.” A few missed learning opportunities because they did not attend class, either because they were deflated by an incident of faculty incivility or because they wished to avoid an uncivil faculty member. Others avoided challenging clinical opportunities because they were fearful they would fail. A 23-year-old Caucasian male participant shared that the incident of faculty incivility “really didn’t help my confidence. I normally do well in clinical. I enjoy my clinical days. But that day, I didn’t feel confident in my ability. I didn’t want to do anything, because I might do it wrong.”

Several participants missed learning opportunities because anxiety stemming from their experiences of faculty incivility impeded their ability to learn. A 22-year-old Pacific Islander female participant stated, “It affected my grades for sure. I noticed that because I wasn’t able to concentrate fully on what I was studying, I couldn’t do my best.”

Some participants missed learning opportunities because they avoided certain aspects of nursing that they associated with faculty incivility. A 21-year-old female Asian participant stated, “It’s hard because population health is something that is going to be very important to my nursing career, but because of the experiences that we’ve had [with faculty], I am not interested in it, and have resented going to that class.” Some participants chose to avoid working in specific specialty areas such as pediatric or

psychiatric nursing because their experience of faculty incivility occurred in that area. A 23-year-old Caucasian male participant stated, “Originally, when the semester had started, I had considered going into pediatrics as a nurse. But after being with this particular instructor, I don’t know that I am as confident as I should be with these children.”

A few participants associated lost employment opportunities with their experiences of faculty incivility. A 21-year-old Caucasian female participant stated, “I asked the nurse recruiter why I can’t get a job there, and she said, ‘You have been blacklisted.’ She told me my clinical instructor had told the manager to make sure I would never get a job there.” A 21-year-old Caucasian female participant missed a post-baccalaureate residency program and attributed this to an experience of faculty incivility. She described the following experience:

It was a little frustrating, because it deterred my own career path. I have gone to job interviews and they’d ask me, ‘If you have all this passion for OB, why did you not get your preceptorship there?’ I have been turned away from nurse residency programs in labor and delivery because I have no preceptorship/internship experience in labor and delivery all because of one guy’s [faculty member] decision that we would represent the program well if we went to another institution that did not have labor and delivery.

Discussion

The purpose of Study Part 2 was to develop a theoretical framework that depicts how faculty incivility unfolds over time. Using grounded theory methods outlined by Charmaz (2014), the researcher analyzed data from interview transcripts of 30 traditional BSN students who had experienced faculty incivility. From that analyses, the researcher developed a theoretical framework that identifies student and faculty characteristics that set the stage for faculty incivility and describes three stages through which faculty incivility unfolds. These stages are: (a) experiencing incidents of faculty incivility,

(b) using strategies to deal with incidents of faculty incivility, and (c) experiencing lingering consequences of faculty incivility.

The study findings regarding student and faculty characteristics that contribute to incidents of faculty incivility align with those findings of prior studies. Clark (2008a) found that faculty who are uncivil make condescending remarks, use poor communication skills, and act superior and arrogant; this resonates with this study's characteristic of *having an off-putting demeanor*. Similarly, just as this study identified faculty characteristics of *being overburdened* and *being inexperienced*, Clark (2008b) reported that incivility often is seen in faculty who are overburdened and underqualified. Even though being overburdened and underqualified does not constitute faculty incivility itself or automatically lead to it, these characteristics may serve as precursors, or contributors, to incidents of incivility. Clark and Springer (2010) also found that multiple work demands, heavy workloads, and lack of faculty and administrative support contribute to faculty incivility.

Clark (2008c) identified several student characteristics associated with faculty incivility that were similar to those identified in this study. Clark (2008c) found that faculty incivility often occurred when students came to class unprepared (*having performance problems*) or demanded make-up examinations, extensions on assignments, or grade changes (*having unrealistic expectations*). Consistent with this study's student characteristic of *holding consumer ideals*, Clark reported that student entitlement and consumerism were often precursors to faculty incivility (Clark, 2008b).

Several aspects of Stage 1 of this study's framework (see Figure 2), *experiencing incidents of faculty incivility*, are consistent with others' research findings. Consistent

with this study's incident type of *putting students on the spot*, Lasiter and colleagues (2012) and Altmiller (2012) found that when students were criticized by faculty in front of others the students felt embarrassed, flustered, and inferior. Clark and colleagues identified several types of uncivil faculty behaviors that were consistent with this study's findings (Clark, 2008c; Clark et al., 2012). These behaviors included using poor teaching strategies and styles (*withholding instruction*), making demeaning remarks and belittling students (*judging or labeling*), using subjective grading (*picking on students*), and instituting course requirements that were difficult for students to meet (*impeding student progress*).

Stage 2 of this study's framework (see Figure 2), *using strategies to deal with incidents of faculty incivility*, also is consistent with prior research findings. Marchiondo and colleagues (2010) identified several coping methods used by students that would fit well into this study's framework. These coping strategies included talking among classmates (*commiserating with peers*), tolerating the incivility or avoiding the uncivil faculty member in order to be left alone (*keeping one's head down*), and talking with family or friends outside of the nursing program (*confiding in friends and family*). The current study extends these findings by identifying several strategies that were not discussed in detail in prior studies including *seeking assistance from other professors*, *going up the chain of command*, *getting professional help*, and *giving oneself a pep-talk*.

Consistent with this study's findings regarding Stage 3, *suffering lingering consequences of incivility*, Del Prato (2013) reported that faculty incivility interfered with learning and had a significant negative impact on self-esteem, self-efficacy, and confidence. This study provides additional evidence that these negative effects can last

well past the actual incidents of incivility and can cause students to question the nursing profession as whole and to doubt whether they are meant to be a nurse. This study also revealed that students not only missed important learning opportunities as a direct result of the incivility, but future career choices and career opportunities were constrained and, in some cases, completely altered.

This study is the first to conceptualize faculty incivility as a three-stage process that stems from specific student and faculty characteristics. In addition, the findings provide a more robust delineation of strategies used by students to cope with faculty incivility than did prior research. The in-depth description of how faculty incivility unfolds over time from traditional BSN students' points of view and the examples of each stage of the process provided by participants suggest that faculty incivility is a complex process involving a wide range of behaviors. The results of this study also demonstrate that students have a broad range of responses to incivility and that incivility can have enduring negative effects on students and the profession of nursing.

Limitations

The results of this study should be interpreted in light of several limitations. The findings are based exclusively on student narratives and thus faculty perspectives were not considered when the investigator developed the framework (see Figure 2). Although faculty incivility is an interactional process among students, faculty, and others, it is likely that students may minimize their role in the process and maximize the role of faculty and others. The framework therefore may not capture some of the complexity of interactions in which multiple parties contribute to incivility. Second, the sample in this study consisted only of traditional BSN students who were members of the NSNA.

Because NSNA is an organization that provides leadership opportunities, educational resources, and career assistance, students who are members of this organization may hold higher personal standards and higher faculty expectations than the general population of nursing students. These students may be less accepting of disrespectful faculty behaviors and more attuned to the rights of students. In addition, students who experienced more severe forms of faculty incivility may have withdrawn from nursing school and their stories, therefore, would not be represented in the framework. Only two men were included in the sample and thus analysis could not determine if there were any gender differences in how students perceive faculty incivility. Finally, although interviews allowed participants to reflect upon personal experiences of faculty incivility, the passage of time between when the incidents occurred and the time when the interview occurred may have affected the participants' ability to accurately recall the experiences. However, all participants were able to provide in-depth descriptions of their experiences with incivility because the incidents were so aversive; these descriptions provided rich data that achieved the study goals.

Future Research

In order to further explore how the process of faculty incivility unfolds over time, prospective, longitudinal studies are needed. Such studies that follow nursing students over time would enable researchers to examine whether strategies change as incivility evolves, what strategies ultimately are most helpful, how students eventually recover from the effects of incivility, and how the incivility affects their experiences as new professionals. Future research should include larger and more diverse samples to

determine whether there are differences in perceptions of incivility related to gender and other demographic characteristics such as age, ethnicity, and type of nursing program.

Nursing Education Implications

Although the proposed theoretical framework (see Figure 2) will benefit from further development and validation, it provides information that could be helpful in faculty and student development activities aimed at preventing incivility in nursing education. The framework could be used as the basis for self-reflection exercises in which faculty consider how being new to teaching, being overburdened, and having personal characteristics that students experience as off-putting among others might lead to incivility. Faculty could be encouraged to consider whether they have, at any point, engaged in or observed others engage in the types of incidents described in the framework. Highlighting the potential consequences of incivility in faculty development could serve to spotlight the urgency of addressing the problem. Using this framework with students could provide an opportunity for them to explore their own characteristics or behaviors that might put them at risk for faculty incivility as well as guide discussions about constructive strategies for dealing with incivility and those that might compound any problem. These findings also suggest that nursing program administrators should develop more effective procedures to investigate and respond to student complaints of incivility and to provide support to those students who have experiences uncivil incidents.

Conclusion

This theoretical framework was developed to depict the process of faculty incivility as it unfolds over time by identifying faculty and student characteristics that set

the stage for incivility and the three stages by which the process unfolds. The framework extends the literature by providing a rich and detailed description of faculty incivility as a complex and dynamic process. Further development of this framework with a larger and more diverse student population and with the incorporation of faculty perspectives is recommended. Despite limitations, faculty members, administrators, and students can use this framework to guide discussions and explore pathways to successfully prevent faculty incivility from occurring.

The final chapter, which follows, integrates and synthesizes the study's finding. It links the three manuscripts and describes how they build upon one another. It concludes by describing the study's limitations and implications for future research in this area.

CHAPTER 5

Faculty incivility has become a significant problem in nursing education that has great potential to interfere with effective learning and to negatively impact student learning and, ultimately, patient outcomes. The goal of this research was to develop a theoretical framework describing how traditional BSN students experience faculty incivility and how that process unfolds over time. The information gained through this study has generated new knowledge that can be used by faculty, administrators, and students.

Discussion

This study was comprised of two components. The first component was an integrative review (see Chapter 2; Holtz, Reising et al., 2016) of studies that explored faculty incivility in nursing and higher education. The second component was a grounded theory study that resulted in two qualitatively derived manuscripts. The first data-based manuscript (see Chapter 3; Holtz et al., 2016a) describes a typology of the different types of faculty incivility experienced by traditional BSN students from participants' perspectives. The second manuscript data-based manuscript (see Chapter 4; Holtz et al., 2016b) describes a theoretical framework, grounded in the data, that depicts how traditional BSN students experience faculty incivility and how that process unfolds over time. The researcher developed three distinct, but related, manuscripts from this dissertation, and presents them in Chapters 2, 3, and 4.

Chapter 2 consists of an integrative review in which the aims were to:

(1) synthesize literature regarding the experiences of students and new graduate nurses as targets of incivility, (2) identify gaps in the literature, and (3) propose future research to address this problem (Holtz, Reising et al., 2016). This review synthesized the state of the

science in this area in order to guide development of the grounded theory study. This manuscript was submitted to the *Journal of Academic Ethics* and at the time of publishing this dissertation study was under review.

Chapter 3 consists of a manuscript that builds upon the first manuscript and describes the results of Study Part 1 of the research (Holtz et al., 2016a). This manuscript reports the typology of different faculty behaviors that students perceived to be uncivil. Six categories of different types of incidents that were common among the participants were labeled: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations.

Chapter 4 consists of a third manuscript based on the results of the research (Study Part 2) that builds upon manuscripts one and two by providing a description of how students' experiences of incidents of faculty incivility unfold over time (Holtz et al., 2016b). While manuscript two describes the six different types of faculty incivility, it also constitutes Stage 1 of the theoretical framework. The third manuscript summarizes the main results of the study and describes a theoretical framework with a three-stage process that reflects how students' perceived experiences of faculty incivility unfold over time. The three stages of the framework are labeled: experiencing incidents of faculty incivility, using strategies to deal with incidents of faculty incivility, and suffering lingering consequences of faculty incivility.

This study's results identify the need to more clearly define faculty incivility and what constitutes uncivil behaviors. These analyses resulted in a typology of six different types of faculty incivility reported by students. Participants described various behaviors

that ranged from faculty not adhering to best practices in pedagogy to challenging and problematic interactions/communication problems to abusive behaviors. Not all incidents reported by participants can be presumed to be intentional on the part of faculty nor would all be considered by faculty as rude and discourteous behaviors. Faculty incivility may be best defined as a continuum of behaviors that vary in severity ranging from not adhering to best pedagogical practices to intentional abusive behaviors. Additional conceptual and empirical work is needed to fully understand this phenomenon.

Summary of Key Findings

The review of literature and study findings are detailed in the three manuscripts. Several key findings are synthesized and discussed in this section according to the four study aims.

Aim 1

Aim 1: Describe traditional BSN students' perceptions of faculty incivility.

Participants' narratives explicitly defined traditional BSN students' perceptions of faculty incivility. The investigator asked each participant at the beginning of the interview to describe what faculty incivility meant to him/her. Participants' perceptions varied depending upon the types of experiences of faculty incivility they had encountered. Overall, participants perceived faculty incivility as interactions with faculty members that were disrespectful, unprofessional, unfair, and/or non-supportive to students. Participants perceived faculty incivility to be inappropriate and discouraging to students. Participants described how faculty incivility had inhibited their learning and believed it was a critical issue that needed to be addressed.

Aim 2

Aim 2: Describe types of incidents of faculty incivility as reported by traditional BSN students.

The second manuscript, “Types of Faculty Incivility as Viewed by Students in Bachelor of Science in Nursing Programs,” presents the different ways traditional BSN students perceive faculty to be uncivil. This typology revealed that participants experienced a variety of interactions with faculty that led to perceived faculty incivility. Six common shared incident categories emerged.

The most common type of faculty incivility was *judging or labeling students*. This type of incivility was marked by disparaging remarks toward participants that the participants inferred indicated they were incapable of being successful in a class, a nursing program, a licensure exam, or as a nurse. Participants who encountered this type of incivility often experienced self-doubt. Another type of incivility labeled *impeding student progress*, occurred as participants experienced interactions with a faculty member in which their progression through a course or through the program was hindered by uncivil faculty behavior. Participants’ progress was impeded when they were given unsatisfactory grades or clinical evaluations with little or no feedback. During these incidents students experienced frustration because they believed their treatment was unfair. A third type of shared incident of faculty incivility was labeled *picking on students*. This incident type involved interactions with faculty members who mistreated students for what the students believed was for “no reason” such being accused or targeted with criticism. These participants experienced feelings of helplessness. *Putting students on the spot*, was a type of incident shared by many participants. These incidents

involved interactions with a faculty member in which students were criticized by faculty in view or hearing of others. The “publicness” of these incidents was deemed unnecessary by participants. Participants who experienced this type of incident often felt embarrassed. Another type of incident, *withholding instruction from students*, was marked by interactions with a faculty member who participants felt did not provide proper guidance on learning assignments or did not provide assistance during clinical experiences. Participants who experienced this type of faculty incivility often felt disappointed. The last incident type was labeled *putting students in no-win situations*. These incidents were marked by interactions with faculty who placed participants in situations in the clinical setting that made participants feel uncomfortable. These participants felt unsupported and destined for failure.

Aim 3

Aim 3: Identify common ways in which interactions between traditional BSN students and faculty members unfold from the time when incidents of incivility begin until they end.

The third manuscript, “The Process by Which Faculty Incivility Unfolds for Students in BSN Programs,” presents an explanatory theoretical framework (see Figure 2) that illustrates a process by which faculty incivility unfolds over time (Holtz, et al., 2016a). The theoretical framework describes characteristics that faculty and students exhibit preceding incidents of incivility and a three-stage process that reveals the unfolding of the experience from the students’ points of view of faculty incivility. This framework represents the major outcome of the study. This theoretical framework is a conceptual rendering of a typical trajectory of how incidents of faculty incivility unfolds

over time; traditional BSN students do not always experience the three stages (experiencing incidents of faculty incivility, using strategies to deal with incidents of faculty incivility, and suffering lingering consequences of faculty incivility) in their entirety or as a linear process. However, the framework depicts common ways in which traditional BSN students experience incidents of faculty incivility and how that process unfolds.

Aim 4

Aim 4: Describe traditional BSN students' perceived consequences of faculty incivility.

The findings presented in the third manuscript, "The Process by Which Faculty Incivility Unfolds for Students in BSN Programs," demonstrates that traditional BSN students who encounter incidents of faculty incivility often experience negative outcomes (Holtz et al., 2016a). Initial responses to faculty incivility included feelings of self-doubt, frustration, helplessness, embarrassment, and disappointment. In addition, several students experienced consequences of lasting effect. These consequences are illustrated in stage three of the theoretical framework (*suffering lingering consequences of faculty incivility*). The most noticeable long-term consequence was loss of confidence. Several participants described how their experiences with perceived faculty incivility resulted in them questioning their own capabilities as a student. Furthermore, some students questioned whether they were competent enough to become a nurse. Another lingering consequence of faculty incivility was missed opportunities. Several students avoided interactions with the faculty following incidents of faculty incivility, resulting in a loss of learning opportunities. Some students stopped attending class as a result of negative

feelings toward the faculty. Others avoided working in specific specialty areas because their experience with faculty incivility had occurred in those areas. A few were denied employment opportunities because of faculty incivility.

Strengths of the Study

The findings of this study contribute to nursing education research on faculty incivility in several important ways. The integrative review was the first to include research on incivility in nursing, and higher education in general, and clinical nursing practice. It revealed gaps in the literature that hinder understanding of students' experiences with incivility as well as the precursors and consequences of these experiences. The typology study supported and extended findings of prior research by generating new knowledge by identifying more types of faculty incivility. Additionally, in-depth depictions of types of incidents of faculty incivility experienced by and shared by traditional BSN students nationally were obtained through descriptive narratives. Furthermore, the typology provides information about feelings students have when they experience different types of incivility. This grounded theory study is the first study to provide an in-depth description of how traditional BSN students' view of faculty incivility unfolds over time. Another strength of this study is that it is the first study to conceptualize faculty incivility as a three-stage process that results from specific faculty and student characteristics.

Limitations

The findings from this research should be understood in the context of several limitations. The most substantial limitation is that the findings are derived from students' views only. Faculty and administrators' perceptions were not obtained, therefore, it is

difficult to know how far-reaching are the negative perceptions that students expressed regarding faculty members' contributions to incidents of incivility. In addition, the use of retrospective interviews for students could have resulted in inaccurate recall of information; in some cases, the incidents students described happened one to two years prior to the interview. Because participants discussed experiences that were particularly meaningful in their lives, they were able to provide robust descriptions of most incidents. Another limitation of the grounded theory study is that male nursing students were under-represented, risking missed experiences that might be unique to gender. Additionally, only traditional BSN students who were members of the NSNA were enrolled in the study. The aims of NSNA are to provide educational resources, leadership opportunities, and career guidance to its members. Therefore, the study sample might have included students with higher expectations of faculty performance who interpreted incidents as uncivil that other students might not. The sampling strategy eliminated students in other nursing degree programs and those who were no longer students; therefore, it is not known whether different programs or not being a current student would add unique contributions to this study findings.

Recommendations for Future Research

Results of this study provide direction for future research. Additional conceptual and empirical work is needed to clearly define and fully understand the phenomenon of faculty incivility. Future studies that explore faculty incivility from the perspectives of faculty, other types of nursing students, and administrators are needed. A future study that looks at one particular incident from the viewpoint of the faculty member, student, and administrator would provide a detailed understanding of an incident through all

members' perspectives. A prospective longitudinal study that follows nursing students over time would allow researchers to explore whether strategies change as incivility evolves, how or if students eventually recover from the consequences experienced from the incivility, and whether incivility affects their experiences as a new nurse in the profession. Additionally, a longitudinal ethnographic study that observes students and faculty members in the classroom and practice setting over a long period of time would add additional insight to refining this framework. In addition, a grounded theory study with participants across program types and with increased male gender representation is necessary to determine any unique contributions these students might have to further refine the framework. A final recommendation would be to complete a similar study across degree program types (e.g., business, medicine, public health) to determine if differences exist among other disciplines outside of traditional undergraduate nursing.

Practice Implications

Despite limitations, the results of this study have practice implications for nursing academia and, perhaps, higher education in general. Faculty and administrators could use both the typology (see Chapter 2; Holtz, Reising et al., 2016) and theoretical framework (see Chapter 3; Holtz et al., 2016a) to facilitate discussions and evaluate their own behaviors. This dissertation study benefits faculty and administrators by providing a deeper understanding of how these behaviors negatively impact student performance and self-confidence. The framework also could be used to establish programs to detect, assess, and find solutions to prevent faculty incivility. Equally important is the potential to use this framework to create strategies for nursing students to report and manage

uncivil faculty behaviors without fears of retaliation to prevent long-term consequences of faculty incivility.

Conclusions

This dissertation research produced an integrative review, a typology of incidents of faculty incivility, and an explanatory framework depicting how faculty incivility experienced by traditional BSN students unfolds over time. All three manuscripts contribute to a comprehensive understanding of how traditional BSN students experience faculty incivility and provide information that can contribute to the development of strategies to reduce and/or prevent faculty incivility.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



INDIANA UNIVERSITY
OFFICE OF THE VICE PRESIDENT FOR RESEARCH
Office of Research Compliance

To: Susan Rawl NURSING

Heidi Holtz NURSING

From:



Human Subjects Office

Office of Research Compliance – Indiana University

Date: May 08, 2015

RE: NOTICE OF EXEMPTION - NEW PROTOCOL

Protocol Title: Nursing Students' Experiences and Responses to Faculty Incivility: A Grounded Theory Approach

Study #: 1502885395

Funding Agency/Sponsor: None

Status: Exemption Granted | Exempt

Study Approval Date: May 08, 2015

The Indiana University Institutional Review Board (IRB) EXE000001 | Exempt recently reviewed the above-referenced protocol. In compliance with 46 C.F.R. § 46.109 (d), this letter serves as written notification of the IRB's determination.

The study is accepted under 45 C.F.R. § 46.101 (b), paragraph(s) (2) Category 2: Surveys/Interviews/Standardized Educational Tests/Observation of Public Behavior Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior if: i) information obtained is recorded in such a manner that human subjects cannot be identified, directly or through identifiers linked to the subjects; or ii) any disclosure of the human subjects responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability or reputation.

Acceptance of this study is based on your agreement to abide by the policies and procedures of the Indiana University Human Research Protection Program and does not replace any other approvals that may be required. Relevant policies and procedures governing Human Subject Research can be found at: http://researchadmin.iu.edu/HumanSubjects/hs_guidance.html.

The Exempt determination is valid indefinitely unless changes in the project may impact the study design as originally submitted. Please check with the Human Subjects Office to determine if any additional review may be needed.

You should retain a copy of this letter and all associated approved study documents for your records. Please refer to the assigned study number and exact study title in future correspondence with our office. Additional information is available on our website at <http://researchadmin.iu.edu/HumanSubjects/>.

If your source of funding changes, you must submit an amendment to update your study documents immediately.

If you have any questions or require further information, please contact the Human Subjects Office via email at irb@iu.edu or via phone at (317)274-8289 (Indianapolis) or (812) 856-4242 (Bloomington).

You are invited, as part of ORA's ongoing program of quality improvement, to **participate in a short survey** to assess your experience and satisfaction with the IRB related to this approval. We estimate it will take you approximately **5 minutes to complete the survey**. The survey is housed on a Microsoft SharePoint secure site which requires CAS authentication. This survey is being administered by REEP; please contact us at reep@iu.edu if you have any questions or require additional information. Simply click on the link below, or cut and paste the entire URL into your browser to access the survey: https://www.sharepoint.iu.edu/sites/iu-ora/survey/Lists/Compliance/IRB_Survey/NewForm.aspx.

/enclosures

APPENDIX B

NATIONAL STUDENT NURSES ASSOCIATION COMMUNICATION

Hi: The following are required prior to approval of sending a research survey to NSNA's email list for members. Note that NSNA does not release email addresses: we will send the survey for you via an email with the link to the survey. The survey will go to all NSNA members in traditional BSN programs for whom we have email addresses (approximately 35,000 email addresses).

1. IRB approval letter (scan and attach to an email message).
2. The actual survey and short introduction that will be used to explain the survey, confidentiality, etc.
3. Once approved, a check for \$350.00 (this amount is required prior to survey going out to all members).
If you want the broadcast resent, it is an additional \$250 (a total of \$600 for two broadcasts) is required.

Once I have the survey and IRB approval letter, I will seek approval from the NSNA president. Once approved, we require payment prior to the survey being sent. You will need to send me the link to the survey website (i.e. Survey Monkey).

Please let me know if you have any questions. I can be reached at 718- Ext 103 or
@nsna.org

Diane Mancino, EdD, RN, CAE, FAAN
Executive Director
National Student Nurses' Association
45 Main Street, Suite 606
Brooklyn, NY 11201
(718) FAX (718)

From: diane < @nsna.org>
Sent: Thursday, January 14, 2016 8:49 PM
To: Holtz, Heidi Kathleen
Subject: RE: Heidi Holtz

Okay I will work on the lists. I'll let you know when we are ready with first set of 6 (50/set).

Diane Mancino, EdD, RN, CAE, FAAN
Executive Director
National Student Nurses' Association
45 Main Street, Suite 606
Brooklyn, NY 11201
(718) FAX (718)

From: Holtz, Heidi Kathleen [mailto: @iu.edu]
Sent: Thursday, January 14, 2016 4:01 PM
To: diane
Subject: Re: Heidi Holtz

Hi Diane. That sounds great! Thank you so much!

Heidi

Sent from my iPhone

On Jan 14, 2016, at 3:57 PM, diane <[redacted]@nsna.org> wrote:

Hi

Okay this is doable.

How about sending out an initial number of 50: one traditional BSN student randomly selected from each state? This would give you a good geographic mix. We could then do the same thing with the next 50 until you reach your goal of 30.

Your thoughts?

Yes, I have received the check. Many thanks, Diane

Diane Mancino, EdD, RN, CAE, FAAN
Executive Director
National Student Nurses' Association
45 Main Street, Suite 606
Brooklyn, NY 11201
(718) : FAX (718)

From: Holtz, Heidi Kathleen [mailto:[redacted]@iu.edu]
Sent: Thursday, January 14, 2016 9:17 AM
To: diane
Subject: Heidi Holtz
Importance: High

Dear Diane,

Happy New Year! I hope you had a wonderful vacation.

I first want to check with you to see if you have received the check that I sent you for the fee to recruit through NSNA. I briefly talked to you about my dilemma of sending a mass email out to all traditional BSN students because I will only be needing approximately 30 students for my study. Because I am doing a grounded theory study and will be analyzing data simultaneously while collecting data my committee wanted me to propose the following request:

My thought would be to initially get a random sample of say 300. Then send out notices to only about 30 initially to see how many you get from that group. If say, about 6 respond, you know roughly you will get about 1/5 of the folks you invite and you can pace how you send out the notices. You would not want to send out all 100 at once because you could be inundated. The trick is you want to interview them pretty close to when they contact you (some will loose [sic] interest) but you want to pace yourself so you can the interviews transcribed, get feedback on the interviews, and start to analyze them as you go along. I usually [sic] don't like to get a large pool who say they will do it and then have to tell some you don't need them anymore.

Please let me know what you think about the above process for recruiting. I have attached the Study Information Sheet with the changes you requested along with a word document including a paragraph introducing the study to the students. I look forward to hearing from you.

Sincerely,

Heidi

Heidi Holtz MSN, RN
Clinical Assistant Professor
Indiana University School of Nursing
1033 E Third Street
406 Sycamore Hall
Bloomington, IN 47405
Cell: _____
fax _____
<http://www.indiana.edu/~iubnurse/>
Respect. Responsibility. Trust. Dialogue
A Legacy of Leadership: 1914-2014

APPENDIX C
STUDY INFORMATION SHEET

UNCIVIL FACULTY BEHAVIOR IN NURSING EDUCATION

Nursing Students

We are conducting a study exploring traditional BSN students' experiences with uncivil faculty behavior during their nursing education program.



UNCIVIL BEHAVIOR IN
NURSING EDUCATION
STUDY

How do I take part?

Contact:

Heidi Holtz

**Indiana University
School of Nursing
1033 E Third Street
406 Sycamore Hall
Bloomington, IN 47405
Cell: [REDACTED]
E-mail: [REDACTED]**



Are you a traditional BSN student who has experienced uncivil faculty behavior?

Faculty Incivility is defined as any behavior by a faculty member that is considered rude or discourteous.

Would you be interested in joining a research study to share your thoughts about that experience?

You are eligible to participate if you:

1. Are currently enrolled in a traditional BSN program
2. Have experienced uncivil faculty behavior, and
3. Are willing to share your experience

Your participation will be confidential and your answers will not be shared with anyone outside of this study. Participants will receive a \$15 gift card in appreciation for your time and effort.



INDIANA UNIVERSITY
SCHOOL OF NURSING

APPENDIX D

RECRUITMENT SCRIPT

What is the study about?

Hello, my name is Heidi Holtz and I am a PhD student at Indiana University doing a study exploring traditional baccalaureate nursing students' experiences with uncivil faculty behaviors during their nursing education. This study is being done to better understand students' experiences with faculty incivility. You can help by sharing your story about your experiences with uncivil faculty behavior.

Who can be in this study?

You can take part in this study if you:

1. Are currently enrolled in a traditional BSN nursing program
2. Have experienced at least one incident of uncivil faculty behavior
3. Are willing to share your experience

What does being a part of this study mean?

If you decide to join the study:

1. You will complete one 60-minute audio-recorded interview via telephone or Skype. You will answer questions about your experience(s) with uncivil faculty behaviors and provide opinions about how to address these behaviors.

Who will see/hear your answers?

Your answers will not be shared with anyone outside this study.

Will you have to go anywhere?

No. All contact will be via email or telephone/Skype.

To thank you...

You will receive a \$15 gift card after completing the interview.

What will I say if the student decides not to participate?

Thank you for your time and interest in my study. Please feel free to contact me with further questions or if you decide you would like to participate.

APPENDIX E
INTERVIEW GUIDE

Interview Guide

Hello, my name is Heidi Holtz and I am a PhD student at Indiana University doing a study exploring traditional BSN students' experiences with uncivil faculty behaviors during their nursing education. If there are any questions that you do not want to answer, you do not have to. Just let me know. And, if for some reason you change your mind and do not want to finish the interview, just let me know. We can stop at any time. Please do not specifically name any faculty members during the interview. Before I get started with the interview, I would like to ask some basic demographic questions.

Demographic Questions

1. Can you please tell me your age?
2. Gender: Are you:
 - a. Male
 - b. Female
3. What do you consider your race to be?
 - a. White or Caucasian
 - b. Black or African American
 - c. American Indian or Alaskan Native
 - d. Native Hawaiian or Pacific Islander
 - e. Asian
 - f. Hispanic or Latino
 - g. More than one race
4. In what state is your program located?

5. What year are you in your nursing program?
 - a. Freshmen
 - b. Sophomore
 - c. Junior
 - d. Senior

Sample Questions:

1. “Incivility means different things to different people. When I say “faculty incivility,” what does that term mean to you?”

“During this interview I would like you to describe incidents you have experienced since beginning your nursing program in which a faculty member was uncivil toward you. An incident could be a single interaction with a faculty member or a series of interactions over a longer time period.” Let’s start with the most memorable incident of faculty incivility.

1. Tell me what lead up to the incident.
2. Tell me about the circumstance in which it occurred.
3. Now, I would like you to start at the beginning of the incident and tell me as much as you remember about what occurred between the faculty member and yourself. As much detail as you can provide about what the faculty member did/said and what you did/said in response would be very helpful.
4. What happened next?
5. When the faculty member did/said X, how did you respond?
6. Was there anyone else involved in the incident?
7. Did the uncivil behavior change over time?
8. What made it increase, decrease? How did it end?
9. What were the consequences of this incident?
10. Did you experience any other incidents of faculty incivility with this or other faculty members?

11. What happened next?
12. When the faculty member did/said X, how did you respond?
13. Was there anyone else involved in the incident?
14. Did the uncivil behavior change over time?
15. What made it increase, decrease? How did it end?
16. What suggestions do you have for solving the problem of faculty incivility?
17. One of the reasons that I am pursuing this study is to give students, faculty, and administrators a better understanding of the experiences students encounter with uncivil faculty behaviors. What is important for them to know?

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CURRICULUM VITAE

Heidi Kathleen Holtz

Education

<u>Institution</u>	<u>Degree Awarded</u>	<u>Date</u>
Indiana University, Indianapolis, IN	PhD	2016
Webster University, Kansas City, MO	MSN Nursing–Educator	2011
University of Missouri, Columbia, MO	BSN	2006
Lincoln University, Jefferson City, MO	AND	2001

Academic Appointments

Clinical Assistant Professor	August 2014–present
Indiana University, Bloomington, IN	
Full-time Faculty Nursing Instructor	August 2011–May 2014
University of Missouri, Columbia, MO	
Adjunct Faculty Clinical Instructor	January 2011–May 2011
Avila University, Kansas City, MO	
Adjunct Faculty Clinical Instructor	August 2010–August 2011
Graceland University, Independence, MO	
Adjunct Faculty Clinical Instructor	August 2010–August 2011
Saint Luke’s College of Nursing, Kansas City, MO	
Full-Time Faculty Nursing Instructor	August 2008–May 2010
Kansas City Kansas Community College, Kansas City, KS	

Undergraduate Courses Taught

<u>Term</u>	<u>Course</u>	<u>Type</u>	<u>Role</u>
Fall 2015	H476 Complex Processes	Clinical	Clinical Instructor
Spring 2015	H371 Adaptive Processes	Lecture	Co-director
Spring 2015	H371 Adaptive Processes	Clinical	Clinical Instructor
Fall 2014	N3670 Nursing Care of Adults I	Lecture	Co-coordinator
Spring 2014	N3670 Nursing Care of Adults I	Lecture	Co-coordinator
Fall 2013	N3670 Nursing Care of Adults I	Lecture	Co-coordinator
Spring 2013	N3670 Nursing Care of Adults I	Lecture	Co-coordinator
Fall 2012	N3670 Nursing Care of Adults I	Lecture	Co-coordinator
Spring 2012	N3670 Nursing Care of Adults I	Lecture	Co-coordinator

Clinical Experience

Clinical Nurse II Cardiac Intensive Care Unit	August 2011–May 2014
University of Missouri Medical Center, Columbia, MO	
Clinical Nurse III ICU Float Pool	December 2008–August 2011
University of Kansas Hospital, Kansas City, KS	

Organ Procurement Transplant Coordinator Midwest Transplant Network, Westwood, KS	April 2007–July 2008
Contracted Traveling Medical/Surgical/Trauma ICU Nurse American Mobile Healthcare, San Diego, CA	May 2005–April 2008
Clinical Nurse II Cardiac Intensive Care Unit University of Missouri Medical Center, Columbia, MO	Nov 2002–May 2005
Labor and Delivery Staff Nurse Capital Region Medical Center, Jefferson City, MO	May 2001–November 2002

Presentations

Holtz, H. K., Reising, D. L., & Rawl, S. M. (2016, March). *Faculty incivility in nursing and higher education: An integrative review*. Poster presented at the Midwestern Nursing Research Society, Milwaukee, WI.

Holtz, H. K., Reising, D. L., & Rawl, S. M. (2015, April). *Faculty incivility toward nursing students: An Integrative Review*. Podium presentation at the AACN Hot Issues Conference, Las Vegas, NV.

Holtz, H. K. (2015, March). *Faculty incivility in nursing education*. Abstract podium presentation at the Ohio League of Nursing, Cincinnati, OH.

Holtz, H. K. (2014, April). *Faculty incivility and its effects on students' learning*. Podium presentation at the National Student Nurses Association Conference, Nashville, TN.

Holtz, H. K. (2012, December). *Incivility in nursing education*. Abstract podium presentation at Webster University, Kansas City, KS.

Holtz, H. K. (2013, February). *Faculty incivility*. Abstract podium presentation at the University of Missouri, Columbia, MO.

Publications

Holtz, H. K., Reising, D. L., & Rawl, S. M. (2016, March). *Faculty incivility in nursing and higher education: An integrative review*. (In progress; sending to *Journal of Nursing Education and Practice*).

Grants

NLN/MNRS Dissertation Grant 2016
William and Doris Rodie IUSON Dissertation Scholarship Award 2015–2016

Professional Honors and Awards

Teaching

Betty Crim Faculty Enhancement Award Nominee University of Missouri	2014
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Fig Co-Faculty of the Year University of Missouri	2013
Betty Crim Faculty Enhancement Award University of Missouri	2013

Research

Missouri State Board of Nursing Grant Recipient Missouri State Board of Nursing	2012
Greater Kansas City (MO) Healthcare and Healthcare Information Technology Scholarship Recipient	2011

Service

Faculty Scholar Program University of Missouri	2012
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Academic Honors

Sigma Theta Tau Graduate Nursing Award, Sigma Theta Tau	2012
Graduate Honors, Webster University	2012
Research Foundation Grant Recipient	2010

Professional Memberships

Professional Nurse Educators Group	2015–present
Midwest Nursing Research Society	2015–present
Sigma Theta Tau	2012–present
American Nurses Association	2010–present
Missouri Nurses Association	2010–present
National League for Nursing	2008–present

Licensure and Certification

Indiana State Board of Nursing	2014–present
TNCC Trauma Certification	2011–present
Advanced Cardiac Life Support	2002–present
Basic Cardiac Life Support	2002–present
Missouri State Board of Nursing	2001–present

Service

Curriculum Evaluation-Item Taskforce Member IU School of Nursing	January 2015–present
Student Nursing Association Advisor IU School of Nursing	November 2014–present
Student Admission and Progression Committee Member IU School of Nursing	August 2011–2014
PhD Student Advisory Committee Member IU School of Nursing	November 2014–present
Workplace Violence Advisory Committee Member American Nursing Association	2014–2015

Volunteer Moderator Professional Nurse Educators Group
42nd Annual Professional Nurse Educator Group Conference
Powwow Volunteer
American Indian Center of Indiana Bloomington

October 2015
2014 and 2015

Professional Development

Bioethics Intensive Johns Hopkins University
Scientific Writing from the Reader's Perspective
Office of Faculty Affairs and Professional Development (OFAPD)

June 2016
August 2014